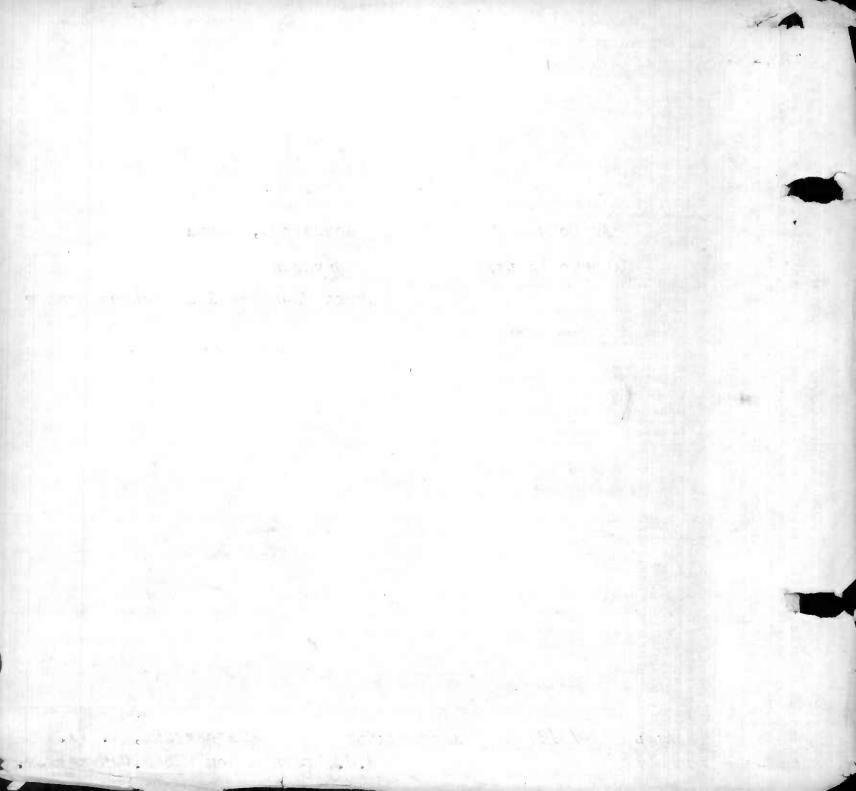
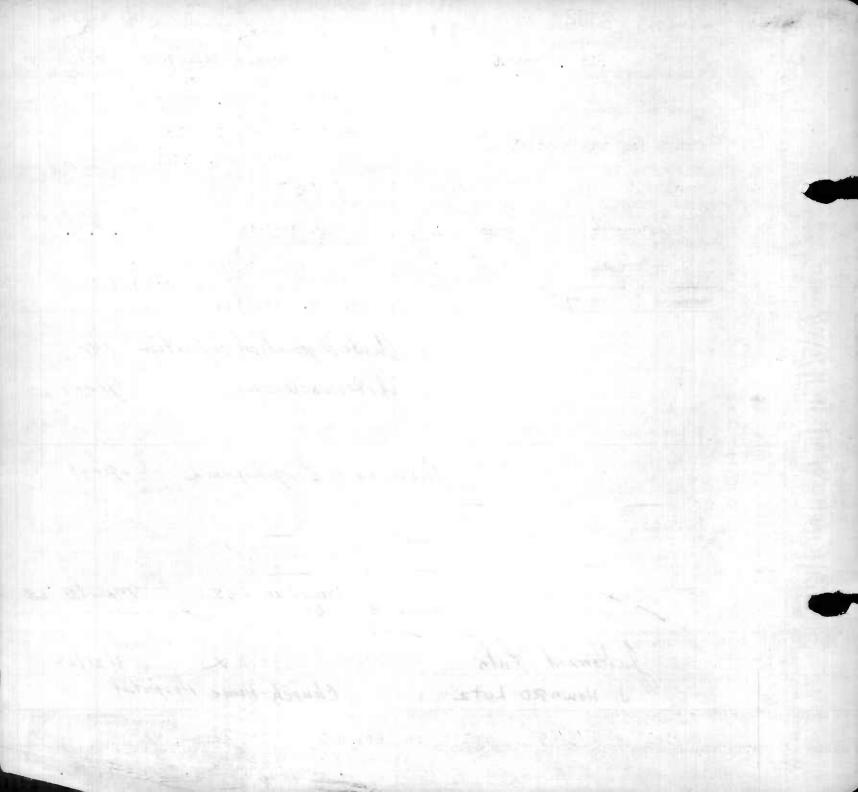
VS 150-REV. 1/1/65





	64-332160	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 3503		
	th No. 65 3,700	CERTIFICA	TE OF DEATH	Registered No	. 00 0.70		
1,1	E CASE NO. NAME OF DECEASED pe or Print)  VOVOCVI	JR ROBERT	MADO	HOUR OF DEAT	965 1 11:05A.		
	FULL NAME OF HOSPITAL OR Oddress or location)	*	A. USUAL RESIDENCE When A. STATE B. COUN MD	Balti	M		
	ST AGNES HOSPITAL	4. 8	D. STREET ADDRESS (III	MAR A	25300		
5.	SEX   6. RACE   7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr If Under 24 Hrs.		
	MALE WHSI TE WIDO	WED, DIVORCED (specify) SINGLE.	11-3-64	last birthday)	4 28 Hours Min.		
	N. USUAL OCCUPATION (Give kind of work 108. KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTR	MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13.	ROBERT J.	er let grass mile	PATRICIA				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s.no.grunknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO. NON C	ST AGNES HOSP	ITAL CAT	ON & WILKENS AVE.		
ATION	LEADING TO DEATH  (This does not mean the made at dying, theart failure, asthenia, etc. It means the diset injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giverise to the abave couse (A) stoling UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO	(B) DUE TO UE TO U	gental Rena	l ansone	ely 4 months 28.		
ERTIFICAL	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?		
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID office bldg., NJURY OCCUR?	(If in Boltim	are City, give exact location)		
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not Wh Work At Work		URY OCCUR?	THE WAR		
	22. I certify that (I) (this hospital) attended the deceased from MARCH 2 19 65 to MARCH 2X31 19 65, that (I) (we) last saw the deceased alive an MARCH 31 19 65 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE						
	23C. PHYSICIAN'S NAME (Type)  FEI L. RUBI		rending Med. Director  23D. ADDRESS  ST. AGNES HOS	Spital, WI	3/31/65 LKENS & CATON AVI		
6	A. BURIAL CREMATION, 248. DATE 240  REMOVAL (Specify)  A. DATE REC'D BY HEALTH DEPT. 258. NAM  APR 2 1965	LEW Sollies	al Compton 24D. La Compton 25C. FUNERAL DIRECTOR	Stanier,	(City, town, or county) (State)  ADDRESS		
VS	150-REV. 1/1/65	W -1 -1	commune me./	328 SAUZ	and it in.		

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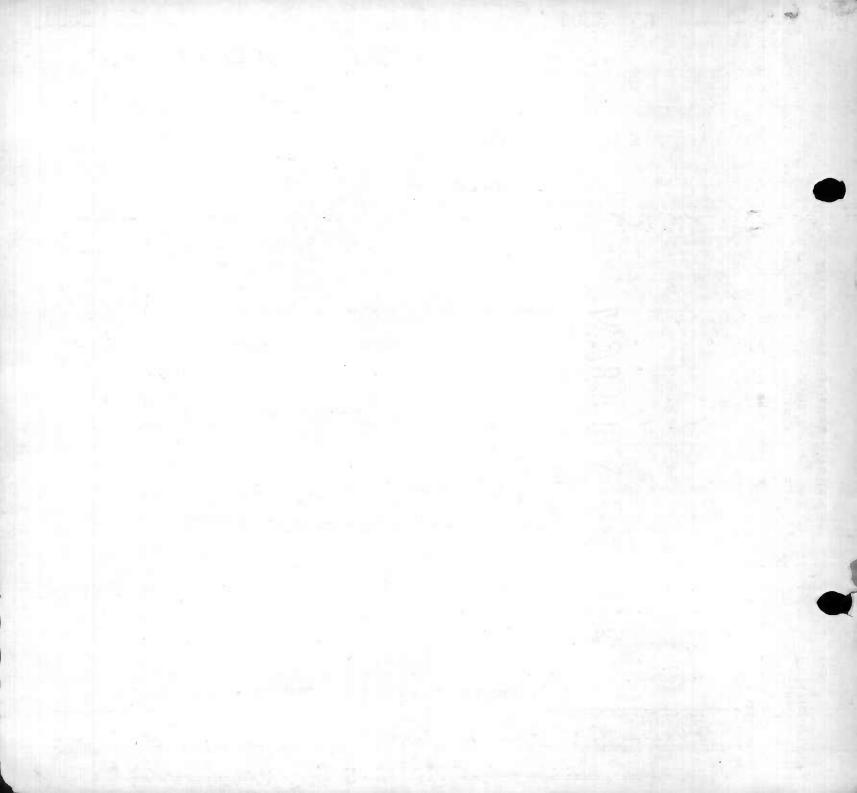
Benefit I

ASLERGE OF STREET

IMPORTANT

DIRECTOR:

FUNERAL



ыкти но. 65 3505		TE OF DEATH	Registered N	65 350						
M.E. CASE NO.	/ / //		X							
1. NAME OF DECEASED SARGAE	Charles Very	OII 2. DATE A	ND HOUR OF DEAT	12 D'COP. 1						
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WHA. STATE	ere deceased lived. II	institution: residence before a						
FULL NAME OF (If not in haspital	or institution, give street	MARYLAND,		Idantes de						
HOSPITAL OR oddiess of location	)	C, CITY OR TOWN (If o	utside city limits, will	e RUXAL and give township)						
3 JOHNS HOPKINS	HOSBITAL	BALTHHORE	ABINGTON	62-00						
OUMNS HOPKINS	HUSPITAL	ABINGTON B	frural, give location)	Box 114						
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Und						
M WHITE	WIDOWED, DIVORCED (specily)	8-31-03	lost birthdoys	Months Doys Hours						
10A. USUAL OCCUPATION (Give kind of work				12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)  Heavy Equip. Oper	Construction	Marylan	đ	U.S.A.						
13. FATHERS NAME		14. MOTHER'S MAIDEN N.	AME							
JAKE SARGABLE		EMMA BAI	KER							
15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give wor or date		17. INFORMANT		ADDRESS						
NO	215-05-3885	Wife	Same a	s 4 c&d						
18. 4. 4. 3. X	CAUSE O			INTERVAL BETV						
DISEASE OR CONDITION DIR	ECTLY	> /	01	ONSET AND D						
LEADING TO DEATH	(A) /	uson onar	7 HEDNIGY.	have						
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthernio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving										
						rise to the obove couse (A)	sloting the (C)	17076669136	41660	***************************************
						II				
OTHER SIGNIFICANT CONDITIONS C				7.5. T.L. II. (I						
DISEASE OR CONDITION CAUSING I	Τ.	120.4	L.V. 00B 15							
WAS PERF	ORMED	20 A. AUTOPSY? (Yes or YES		E FINDINGS CONSIDERED CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	3-21-65 LUNG AB 21B. PLACE OF INJURY (e.g., ir hame, larm, lactory, street, al		(II in Baltin	nare City, give exact location)						
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	harne, larm, lactary, street, al	fice bidg., INJURY OCCUR?								
O 21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?							
OF INJURY (APPROX.)	While At Not While At Work									
22. I certify that (I) (this hospital	) ottended the deceosed from	7.12	19 65 to	3,25 10						
that (1) (we) lost sow the decease	0 0 -	19 6 and 1		plnion death accurred or						
	ed above. (4) (We) (did) (did not) v		•							
23A. SIGNATURE				23B. DATE SIGNED						
4.	M.D. Atte	nding Med.	Stoff Phys.	3.47.6						
		23D. ADDRESS	111 1	/ ////						
23C. PHYSICIAN'S NAME (Type)	- 2 0	The state of the s	c 4/1 1	11 1 1 2 2 2						
23C. PHYSICIAN'S NAME (Type)	TAR M.D.	John	S H3/5	us Hosp.						
23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specily)	700	John		(City, town, or county)						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.D.  24C. NAME of CEMETERY of CRE  55 Smith Chapel (	MATORY 24D. Cemetery F	.D. Aber							
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	M.D.	MATORY JOHN 24D.	R.D. Aber	(City, town, or county)  cdeen, Maryla  Appress  Home, Werdee						

, 241 47 ----January Salara Market ELL, ILAY STRITE

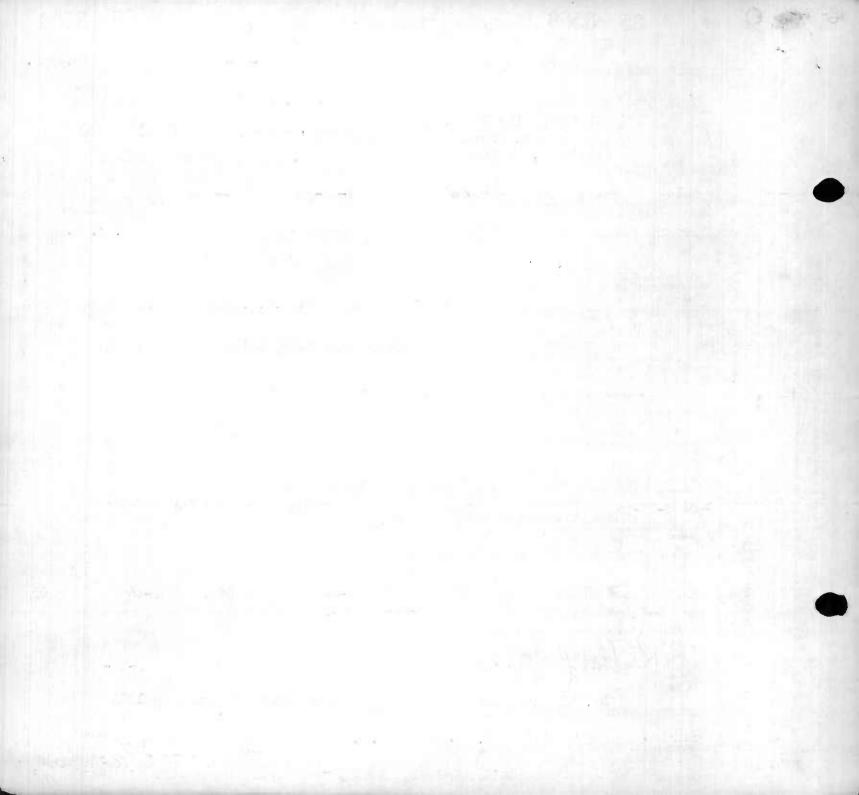
	05 05	00			DEPARTMENT		CE	2500
BIRTH NO. M.E. CASE NO.	65 35	Ub	CERTIFIC	CATEO	F DEATH	Registered N	· <del>D</del>	3506
I.NAME OF DE	CEASED				2. DATE AN	ID HOUR OF DEA	тн	1994
(Type or Print)	.T.	ames Coop	ner		3-	-26-65	1.	10:15 A.
3. PLACE OF DI	ATH IN BALTIMO	RE MARYLAND	JCI .	4. USUA	L RESIDENCE (When	re deceased lived. I	f institution: residence	before admissi
				A. STATE			n	27-
FULL NAME HOSPITAL OR	OF (If not in h address ar	aspitot or institut tacotian)	tion, give street	Mai	yland, Bal	Ltimore	te RURAL and give to	10
INSTITUTION	Balti	more City	y Hospitals				te KOKAL and give to	wnsnip <i>i</i>
1		Eastern A		Run	al Chase	rural, give tocotion)	55	00
/			ryland #21224				//03.000	
		-			x 35, East			
5. SEX	6. RACE		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE (		9. AGE (In years tast birthday)	Months Doys	If Under 24 H Hours Min.
Male	White		Widowed		2-00	64		
	CUPATION (Give kind f working lile, even if		D OF BUSINESS OR INDUS	TRY 11. BIRTH	PLACE (State or fate	ign country)	12. CITIZEN OF	INTRY?
			ilroad	36				
Tracki		I na.	LIFUau	14. MOT	yland	ME	U.S.	A.
	Joshua 1				mmaline (	furcktea		
15. Wos Deceose (Yes, na ar unknow	d Ever in U. S. Are	ned Forces? or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRE	SS
No			717-07-56	94 DEC	OPDS. P.C.	H /0/0 F-	stern Avenu	e #2122
18.	2 2 7 1			OF DEATH	D.U.I	1. 4740 Ea	INTERV	AL BETWEEN
DISEA	SE OR CONDITION	ON DIRECTLY					ONSET	AND DEATH
Disc.	LEADING TO D		Di	vert.i cui	Losis of Co	olon		
	nal mean the m		e.g., DUE TO	101 0100		***************************************		
	, asthenio, etc. It mplication which		1050,					
injuly at ca			(8)				2"	
	ANTECEDENT C		DUE TO			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES	OR CONDITION:	S, if any, gi	ving					
	G CONDITION I		(0)					
	il							
	IFICANT CONDITI							
	DEATH BUT NO		THE					
19A. DATE O			OR WHICH OPERATION	20 A. A	UTOPSY? (Yes at No	20B. IF YES, WE	RE FINDINGS CONSI	DERED
3-2	5-65 W	AS PERFORMED	Same		Yes	Yes	CAUSES OF DEATH?	
U 21A. ACCID	ENT WAS UNDERL	YING 🗌	218 PLACE OF INTIDY	g., in ar about	OLC. WHERE DID		nore City, give exact	tacation)
	UTING CAUSE (		hame, form, factory, street	, office bidg.,	INJURT OCCUR?			
0 21 D. TIME	(Month) (Doy)		21 E. INJURY OCCURRED		2) F. HOW DID INJ	HBY OCCUM		
OF INJURY	(IVIORINI (DOY)	(Teom (Haum		While —	ZIF. HOW DID INJ	ORT OCCUR?		
(APPROX.)			Work AI W					
22. I certif	y that (1) (this he	spital) attend	led the deceased from	3-2	24	19 65 to	3-26	19 65
	) lost sow the de		2 2/	- 19	/ P		opinion deoth occu	
						or minny (out)	opinion decin eccu	nieu on ine c
1 /	1 0	es stoted abov	re. (I) (We) (did) (did no	t) view the b	ody after death.			
23A. SIGNAT	UKE /	1 /		A	A4-4	C. II	23B, DATE SIGNI	ED
1	ullar	1 Jehr	M.D.	Attending Phys.	Med. Director	Stoll Phy s.	3-26-65	5
23C. PHYSICI		0		23D. ADDI	ESS			
NAME	* *	T Freedon	. m.o.	.D	O/O Forton	n Assonsso	#27221	
24A. BURIAL CR			And	4		n Avenue	17 LJRR4	(State
REMOVAL		24	C. INMINE OF CENTERENT OF	CKENTATORT	24U. L	CAHON	(City, town, or county	r (state
Buria	1   3/	30/65	Mt. Calvary	M.E. C	emeterv	1 Aberd	egn. Marv	land
25A. DATE REC'	BY HEALTH DEP		ME OF REGISTRAR	25C. F	UNERAL DIRECTOR		Sil ADI	DRESS 4
Λ	DR 2 19	35 (P C.	ME STOUBERMY.	0 63	Torring	Funeral	Home Wester	77001

VS 150-REV. 1/1/65

Funeral

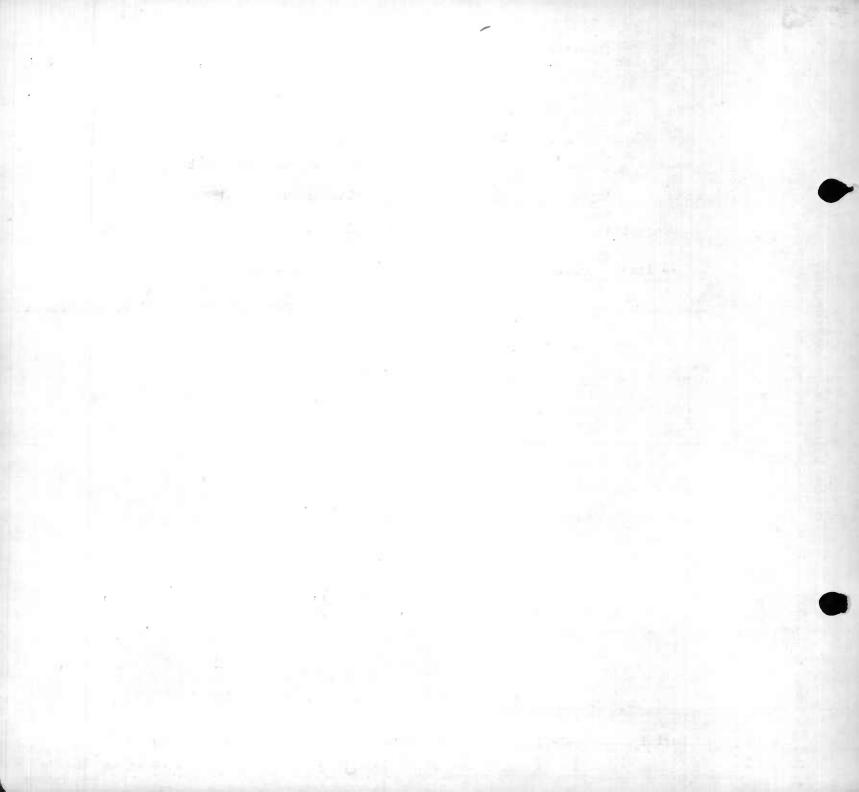
Home

Aberdeen



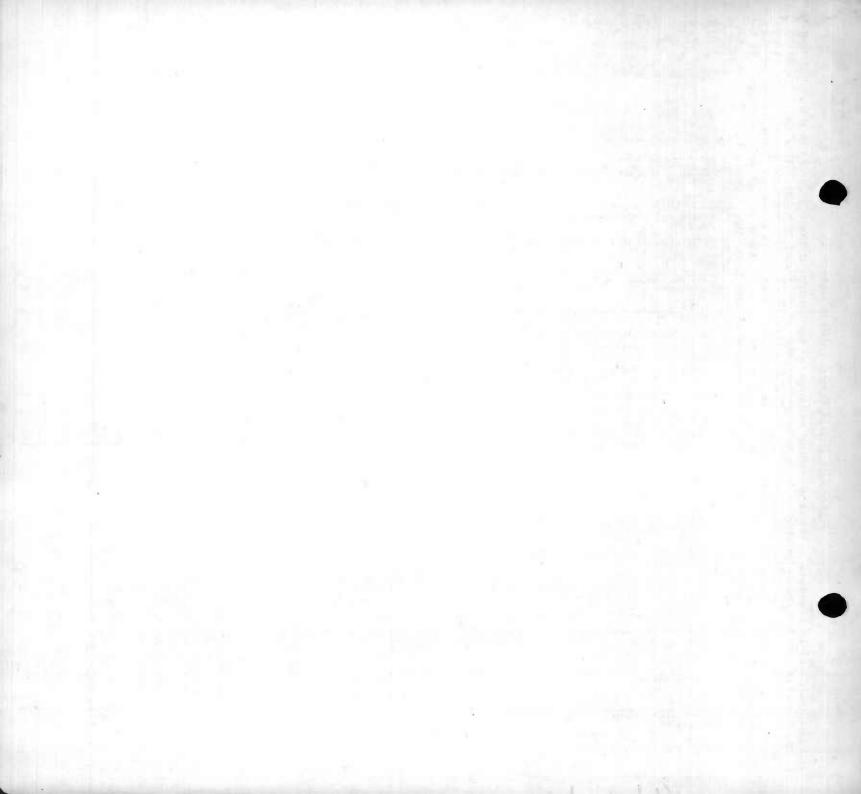
	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 3507		
M.E. CASE NO. 65 3507	CERTIFICA	ATE OF DEATH	Registered No			
1. NAME OF DECEASED (Leavie)			ND HOUR OF DEATH			
Lena Hamlett			rch 30, 19			
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COU	ere deceased lived. If NTY	institution; residence before admission		
FULL NAME OF (If not in hospital or ins	titution, give street	Maryland				
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If o	utside city limits, write	RURAD and give township)		
Frovident Hosp	Baltimore		15-01			
1514 Division		D. STREET ADDRESS (I	f rural, give location)			
Baltimore, Mar	yland	1406 Mountme	Count			
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr		
	IDOWED, DIVORCED (specify)	1.01.0 1.00/	lost birthday)	Months Doys Hours Min.		
Female Negro DA. USUAL OCCUPATION (Give kind of work 108, 1	Widowed KIND OF BUSINESS OR INDUSTR	1-18-1904 Y 11. BIRTHPLACE (State or for	61	12. CITIZEN OF		
one during most of working life, even if retired)				WHAT COUNTRY?		
Housewife		Virginia		USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
To Tongs Dead						
<u><b>Ie Isaac Davis</b></u> 5. Wos Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of the second secon	1 6. SOCIAL	17. INFORMANT	Wilson	ADDRESS		
(es, no or unknown) (If yes, give wor or dates of	SECURITY NO.					
NO.		Corine	Glasgow	1322 N. Caroline &		
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTL	Y					
LEADING TO DEATH	(A)	pture of conge	nital aneu	rysm or		
	(This does not mean the mode of dying, e.g., head follower, osthenio, etc. It means the disease, left internal caratic artery					
injury or complication which coused deat	injury or complication which coused death.)					
ANTECEDENT CAUSES (8) Subarachnoid hemorrhage (small)						
DISEASES OR CONDITIONS, if ony, giving						
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
E TO THE DEATH BUT NOT RELATED		edems and hemo	rrhage, ma	rked and bilatera		
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION			FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		Yes.	IN CERTIFYING C	AUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIDATE		(If in Rolling	ore City, give exact location)		
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	tii in ooiiime	ony, give exoct toconom		
	etc.)					
21D. TIME (Month) (Doy) (Yeor) (Ho		21F. HOW DID IN	JURY OCCUR?			
(APPROX)	While At Not Wh					
22. I certify that (i) (this hospital) atta			10 65 M	arch 30, 1965		
	M 1 70	- 65				
that (I) (we) last sow the deceased oil	ve on March 30,	19.65 ond t	hot in (my) (our) of	pinion deoth occurred on the d		
and hour and from the couses stated o	bove. (i) (We) (did) (did not)	view the body ofter deoth				
23A. SIGNATURE	0 0			23 B. DATE SIGNED		
Kuperto ma	naukit M.D. A	ttending Med. Director	Staff Phy s.	March 30, 196		
23C. PHYSICIAN'S	- www.	23 D. ADDRESS		7-1-7-		
NAME (Type)	M.C	. 1514 Divisio	n Street			
Ruperto Manank	11					
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 24D.	LOCATION	City, town, or county) (State)		
Burial 4-2-65	Raltimore Natio	ma1	Paledmana 3	Warral and		
Burial 4-2-65 25A. DATE REC'D BY HEALTH DEPT. 25B.	Baltimore Natio	25C. FUNERAL DIRECTO	Baltimore, N			
APR 2 1965 (P.O.	E Stadeu M. R.	O Markall 12	lacere la	735 HARFORD AUE		
VS 150-PEV 1/1/65		MANUSTALL LOS	JONES, JR.			

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
the sho

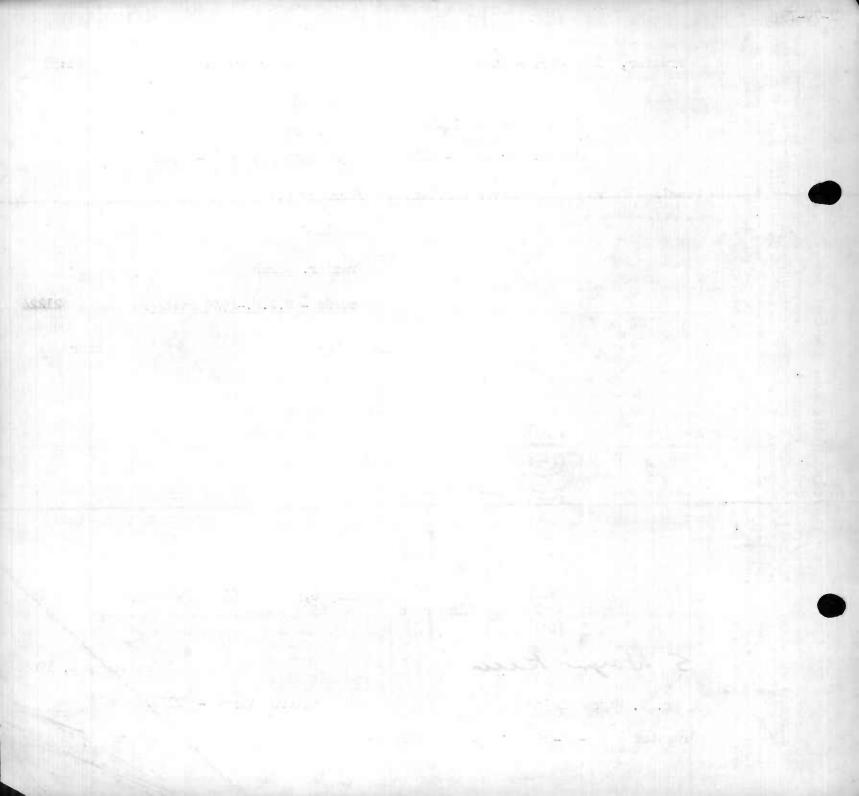
65 3508	BALTIMORE CITY	HEALTH DEPARTMENT		CE OFOO		
SKIH NO,	CERTIFICA	TE OF DEATH	Registered No	. 65 3508		
M.E. CASE NO.		2. DATE A	ND HOUR OF DEAT	Н		
Type or Print)			3-30-65			
PLACE OF DEATH IN BALTIMORE MARYLAND	ER	14. HISHAL RESIDENCE (Wh	ere decensed lived. If	institution: residence before admiss		
		A, STATE B. COU	NTY			
FULL NAME OF (If not in hospital or institu	tion, give street	Md. Bh	20.	20-03		
HOSPITAL OR oddress or location)				e RURAL and give township)		
INSTITUTION						
11 1 1 -1 -1		D. STREET ADDRESS (	f med give location)			
UNIVERSITY HOSPITAL			2			
		1420 CEDDOX	1/ /20			
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours Mi		
F Canc.	OWED, DIVORCED (specify)	6-23-86	lost birndoy	Monnis Days Hours Mi		
DA. USUAL OCCUPATION (Give kind of work 10B. KIN	ID OF BUSINESS OF INDUSTRY	6-27-06	10	12. CITIZEN OF		
one during most of working life, even if retired)	D OF BOSINESS OR INDUSTRI	III. BIKINFEACE (Store of for	eign country!	WHAT COUNTRY?		
HOUSEWIFE		Czechoslovak	1/2	USA		
FATHERS NAME		14. MOTHERS MAIDEN NA		0.07		
			7			
TAMES KREJICK		13 ARBARA				
o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS		
es, no or unknown) (If yes, give war or dates of serv	security No.		/			
NO		-tami	7	Jane-		
1B. 1 7 7 1	CAUSE O	F DEATH	,	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	A-	1 1.1. 1	1 .	ONSET AND DEATH		
LEADING TO DEATH	1.	toward wakes	# discord	7		
(This does not mean the made of dying,	(A) A	recorded the real	ic agrance			
heart failure, asthenia, etc. It means the disc						
injury or complication which caused death.)	10.00					
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)						
UNDERLYING CONDITION last.						
11	II					
OTHER SIGNIFICANT CONDITIONS CONTRIBU	IITING					
TO THE DEATH BUT NOT RELATED TO	) THE			A SAME		
		1004	1 1 200 12			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	ZUA. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
		NO				
J 21 A. A C CIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	ice olog., INJURT OCCUR?				
2				7.1.1.111.199		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX)	While At Not While					
	Work At Work					
22. I certify that (1) (this hospital) attend	led the deceased from	7-26	19 65 to	7 - 30 19 63		
that (1) (we) lost saw the deceased alive	an March 30	19 65 and t		pinion death occurred an the		
				p		
and hour and from the causes stated abay	ve. (I) (We) (did not) v	iew the bady after death.	•			
23A. SIGNATURE				23B. DATE SIGNED		
William & Hand		ending Med.	Stoff Phy s.	3-30-65		
23C PHYSICIAMS	Phys		rnys. CA			
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		/		
Mich	M.D.	MINERCITY	HOSA 1/a	in action barre		
4A. BURIAL CREMATION, 24B. DATE 24	4C. NAME of CEMETERY OF CRE	MATORY 24D,	LOCATION	City, town, or county) (Sta		
REMOVAL (Specify)	01 110			25 /		
Que 4-2-65	Cedar /fell-	Cesa 6	dalto 1	nd		
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTO	I Rs	ADDRESS		
ADD 9 TOCK A A	ME OF REGISTRAR	13 (3/ 1	0 11	227 Fotons Al		
APR 2 1965 R.C.	M C' donne	Me willy Ju	and Am	X SIV assignace		
S 150-REV. 1/1/65						



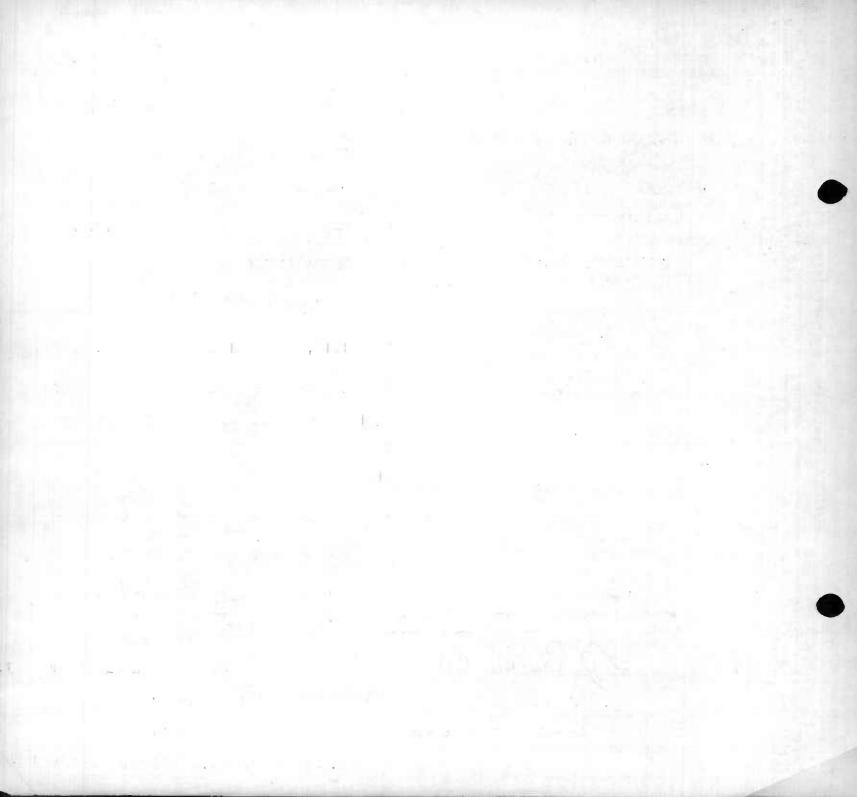
Registered Na. BIRTH NO. CERTIFICATE OF DEATH Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E O lived. If institution; residence Baltimore (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS East Franklin St. Mr. T. Newell Cox, Jr. Baltimore, Md. 21202 ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Battimore City, give exact location) and that in (my) (our) apinion death accurred on the date 23B. DATE SIGNED UNION MEMORIAL HOSPITAL (City, town, or county) eceased shows: Was VS 150-REV. 1/1/65

Lf .( J L ).

VS 150-REV. 1/1/65



MRTH NO.  M.E. CASE NO.  I, NAME OF DECEASED		TE OF DEATH	D HOUR OF DEATH		
Type or Print) NINA DOPP		3-	31-65	11.30 P	
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution; residence before admission	
FULL NAME OF (If not in hospital or institution, and oddress or location)	give street	VIRGINIA	14 11 11 11 11 11 11 11	1/-43	
INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township) FAIRFAX			
THE JOHNS HOPKINS HO	SPITAL	D. STREET ADDRESS (IF &	ORY ROAD	4024	
	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 5	ost binhday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF	
done during most of working life, even if refired) HOUSEWIFE		Louisiana		WHAT COUNTRY? U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE		
BANKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAK	LEO EDWARDS	EXXXXXXXXXXXXX	EDNA CAMPI	BELL BARNES	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	433-28-4416	Earl W. DOPP, 4	024 Old Hick	cory Road	
18.45 6 X I	CAUSE	DE DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A.	RTERITIS, GENER			
(This does not meen the mode of dying, e.g.,	(A) A1			5 MONTHS	
heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES		ANGRENE OF LEFT	LOWER LEG	1 MONTH	
DISEASES OR CONDITIONS, il ony, giving	DUE TO		07 TT A 0 8 8 9 5 7 TO THE O O O O O O O O O O O O O O	*************************************	
Market and the state of the sta	DUE TO	ANGRENE OF LEFT ERIPHERAL VASCUI	07 TT A 0 8 8 9 5 7 TO THE O O O O O O O O O O O O O O		
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	C) PE		07 TT A 0 8 8 9 5 7 TO THE O O O O O O O O O O O O O O	*************************************	
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(c) PE	ERIPHERAL VASCUI	07 TT A 0 8 8 9 5 7 TO THE O O O O O O O O O O O O O O	E 1 DAY	
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  Il other significant conditions Contributing to the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CO PE	ERIPHERAL VASCUI	LAR COLLAPS	E 1 DAY.	
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.  Il other significant conditions Contributing to the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CO PE	ERIPHERAL VASCUI	LAR COLLAPS	E 1 DAY	
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  UNDERSTANDANT OF OPERATION 21B. CONDITION FOR WAS PERFORMED  UNDERSTANDANT OF OPERATION 21B. CONDITION FOR WAS PERFORMED	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, of the foctory of t	ERIPHERAL VASCUI	LAR COLLAPS  20B IF YES, WERE FI	E 1 DAY	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E.	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, of the foctory of t	ERIPHERAL VASCUI	LAR COLLAPS  20B IF YES, WERE FI IN CERTIFYING CAU  (If in Boltimore	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. hom cetc.]  21B. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., ce, form, foctory, street, ce)  INJURY OCCURRED  ile At Not Whi	ERIPHERAL VASCUI	LAR COLLAPS  20B IF YES, WERE FI IN CERTIFYING CAU  (If in Boltimore	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIB	DUE TO  (C) PE  GEHEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, color)  INJURY OCCURRED  ile At Not Whick	ERIPHERAL VASCUI  S  20A. AUTOPSY? (Yes or No)  NO in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR?	20B. IF YES, WERE FI IN CERTIFYING CAU (If in Bollimore	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) sloling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. thom etc.;  21D. TIME (Month) (Doy) (Year) (Hour) 21E. White CAPPROX.)	DUE TO  (C) PE  GEHEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, c)  INJURY OCCURRED  ILL AL Not Which Al Work  the deceased from	ERIPHERAL VASCUI	20B IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exoct locotion)	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21A. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.)  22. I certify that (this hospital) attended to	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or injury)  INJURY OCCURRED  ille At At Work  the deceased from  31 MARCH	IS    20A. AUTOPSY? (Yes or No) NO   NO   In or obout 21C. WHERE DID   Injury Occur?   21F. HOW DID INJURY   26   MARCH   1   185   and the	20B IF YES, WERE FI IN CERTIFYING CAU (If in Boltimore	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exoct locotion)	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING AUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. White Contributions (Approx.)  22. I certify that (this hospital) attended that (we) last saw the deceased alive on	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., or, form, foctory, street, or, form)  INJURY OCCURRED  ile At Not Whith Al Work  he deceased from 31 MARCH  (M) (did) (did at)	IS    20A. AUTOPSY? (Yes or No) NO   NO   In or obout 21C. WHERE DID   INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     26 MARCH   1   165   and the view the bady after death.	20B IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  URY OCCUR?	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exoct locotion)	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21A. OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY (APPROX.)  22. I certify that (this hospital) attended that (**(we) last saw the deceased alive an and haur and fram the causes stated above. (I	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., or, form, foctory, street, or, foctory, street, or, form, fo	IS    20A. AUTOPSY? (Yes or No) NO   NO   NO   In or obout 21C. WHERE DID   INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   26 MARCH   1   165   and the view the bady after death.	20B IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?	E 1 DAY  3 DAYS  NDINGS CONSIDERED  SES OF DEATH?  City, give exact location)  1 March 19 65  ian death accurred an the da	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTI	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., le, form, foctory, street, c)  INJURY OCCURRED  ile At Not Whith AI Work  he deceased from 31 MARCH  (did) (did) (did an)	IS    20A. AUTOPSY? (Yes or No) NO   NO   In or obout 21C. WHERE DID   INJURY OCCUR?     21F. HOW DID INJURY OCCUR?     26 MARCH   1   165   and the view the bady after death.	20B IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  URY OCCUR?	E 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)  Masch 19 65 ian death accurred an the da	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. OF INJURY (APPROX.)  22. I certify that (this hospital) attended that (we) last saw the deceased alive an and haur and from the causes stated abave. (I 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., or, form, foctory, street, or, form)  INJURY OCCURRED  ILLE AT Not Whith All Work  The deceased from  31 MARCH  M.D. Att  Phy  M.D. Att  Phy	IS    20A. AUTOPSY? (Yes or No) NO	20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9 (aur) apin  Stoff Phys. X	B 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exact locotion)  19 65  ian death accurred an the da  238 DATE SIGNED  3-31-65  TAL	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING 10F (Hour) 21E.  OF INJURY (APPROX.)  22. I certify that (this hospital) attended the that (F(we) last saw the deceased alive an and hour and from the causes stated above. (I 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. N./ REMOVAL (Specify)	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., or	IS    20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9 65 to 30  It in (app) (aur) apin  Stoff Phys. CINS HOSPI  CATION (City	B 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 65 ian death accurred an the da  23R DATE SIGNED  3-31-65  TAL  (State)	
DISEASES OR CONDITIONS, il ony, giving rise lo the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY (APPROX.)  22. I certify that (this hospital) attended that (**(we) last saw the deceased alive an and haur and fram the causes stated above. (I 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)  L. J. BUCKELS  24A. BURIAL CREMATION, 24B. DATE 24C. N./ REMOVAL (Specify) REMOVAL  4-1-65 Ep	DUE TO  (C) PE  GE HEMOPTYS  WHICH OPERATION  PLACE OF INJURY (e.g., or, form, foctory, street, or, form)  INJURY OCCURRED  ILLE AT Not Whith All Work  The deceased from  31 MARCH  M.D. Att  Phy  M.D. Att  Phy	IS    20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimore  JRY OCCUR?  9 (aur) apin  Stoff Phys. X	B 1 DAY  3 DAYS  NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 65 ian death accurred an the da  23R DATE SIGNED  3-31-65  TAL  (State)	



(If outside city limits, write RURAL and give township) (If rural, give location) Trenlight Road 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U. S. ADDRESS RECORDS: B.C.H. 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH Septicemia 5 Days Cerebral Vascular Accident 2 Months 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) MEDI 21 D. TIME OF INJURY (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? While At Not While [ (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 65 to 3-31-65 that (I) (we) lost saw the deceased alive an.... ond that in (my) (our) opinion death occurred an the date ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Philip Zieve Avenue

24C. NAME of CEMETERY or CREMATORY

to the hospital any nature; (except and leath) 0 the body was released hospit 0

prior to

deceased

o

SD M

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

BURIAL

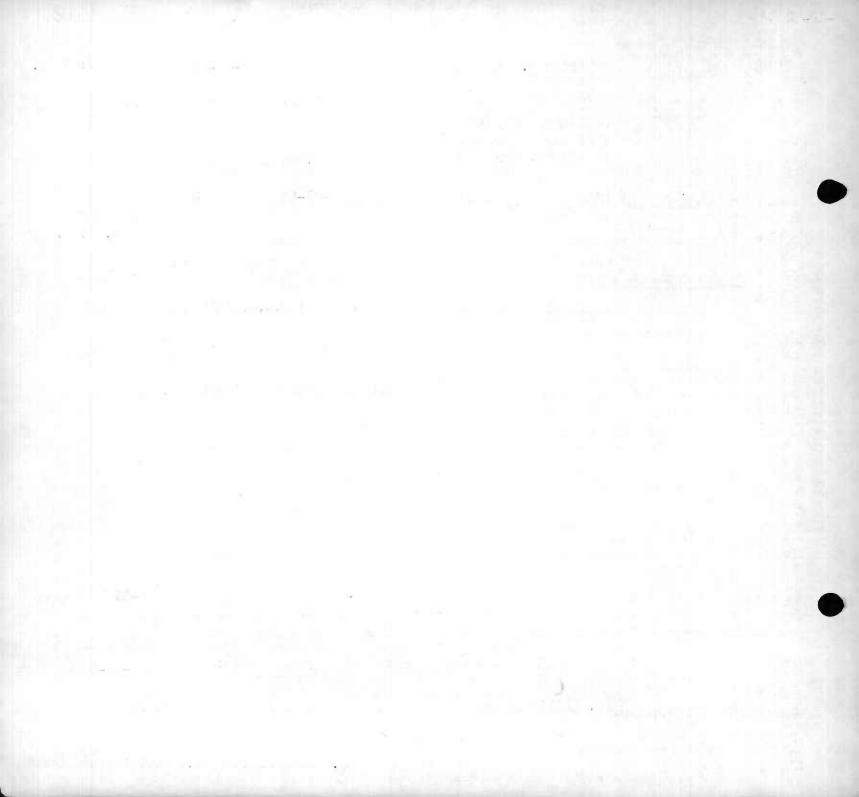
4-3-65 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

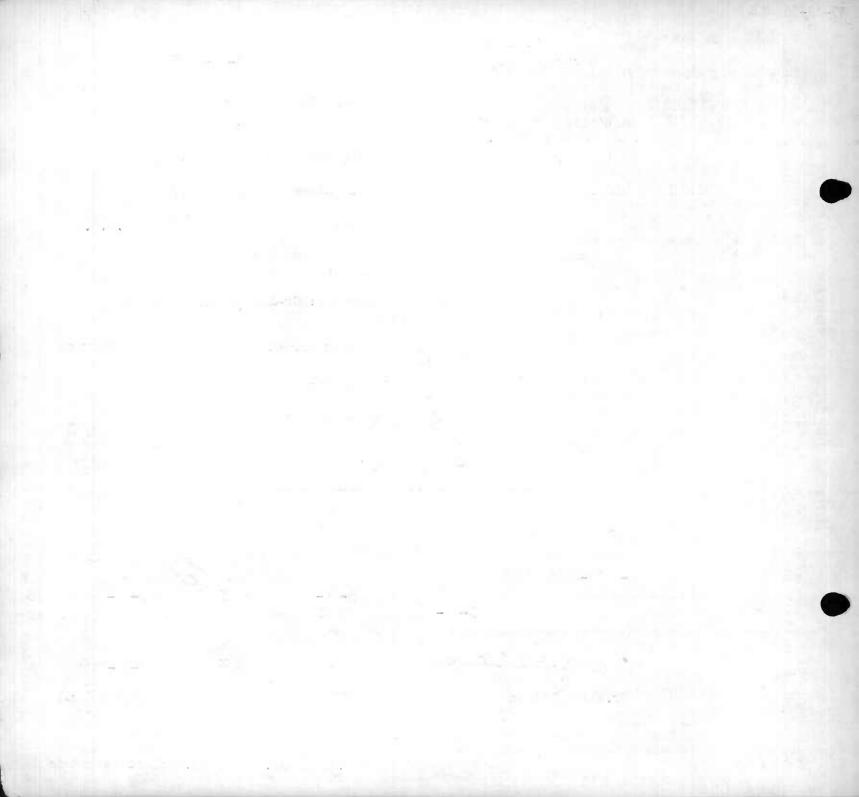
Loudon Park Cemetery Baltimore 25C. FUNERAL DIRECTOR

24D. LOCATION

ADDRESS Wm. Cook-Hamidton, Inc., 6009 Harford Road

(City, town, or county)

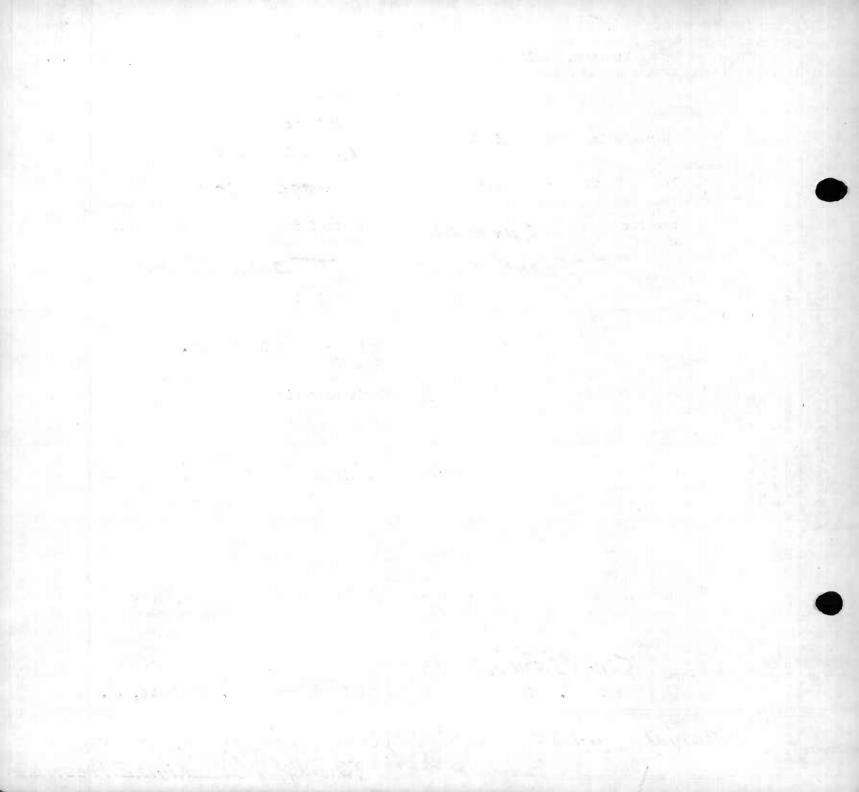




IMPORTANT

DIRECTOR:

FUNERAL



3515

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type of Print) ANNIE OF ANNA MCLEAN	March 28, 1965 4:20 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceosed lived. If institution: residence before odmission)  A. STATE  Maryland  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
JOHNS HOPKINS HOSPITAL	Baltimore / 5
COING HOLKEND HOST FILL	D. STREET ADDRESS (If rurol, give locotion)
	802 Shuter Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In yoors lost birthday)  Norths   Doys   Hours   Min.
Female Negro	12-26-1897 67
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	Baltimone 71,S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWIN	7/NKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL (Yes, no or unknown), (If yos, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
0.0.0101	Lillian Mchean 802 Shuten St.
18.	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Hypert	ensive and arteriosclerotic
(This does not mean the mode of dying, e.g., hoort foilure, asthonio, etc. It moons the discose, injury or complication which coused death.)	cardiovascular disease
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE Diabete	es Mellitus
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS     O UNDERLYING □ OR CONTRIB-     home, form, foctory, sheet, contributions.	in or about 21C, WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	pinco piago INJORI OCCOR!
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
m. WORK AT W	ORK
certify that I held an Inquiry Inspection X Aut	tapsy and that on this basis, death in my apinian
resulted fram: Natural causes X Accident Sulcid	e Hamicide Undetermined manner
(// - // 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE X Man & Halle M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3-28-65
NAME (Type) John E. Adams, M.D.	
23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county)
Bunial 4-1-65 Mm. Calvan	VIEMETERY ANNE Anyudo 100. Va.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NDD 2 1965 R. C. D. F. January	10000000000000000000000000000000000000
VS 151-REV, 1/1/65	MACONSHIP CONVICTION ST,

CIENTER THE STATE OF THE STATE Burgat 44-65 me Californicy Prince Paradelle 42

VS 151-REV. 1/1/65

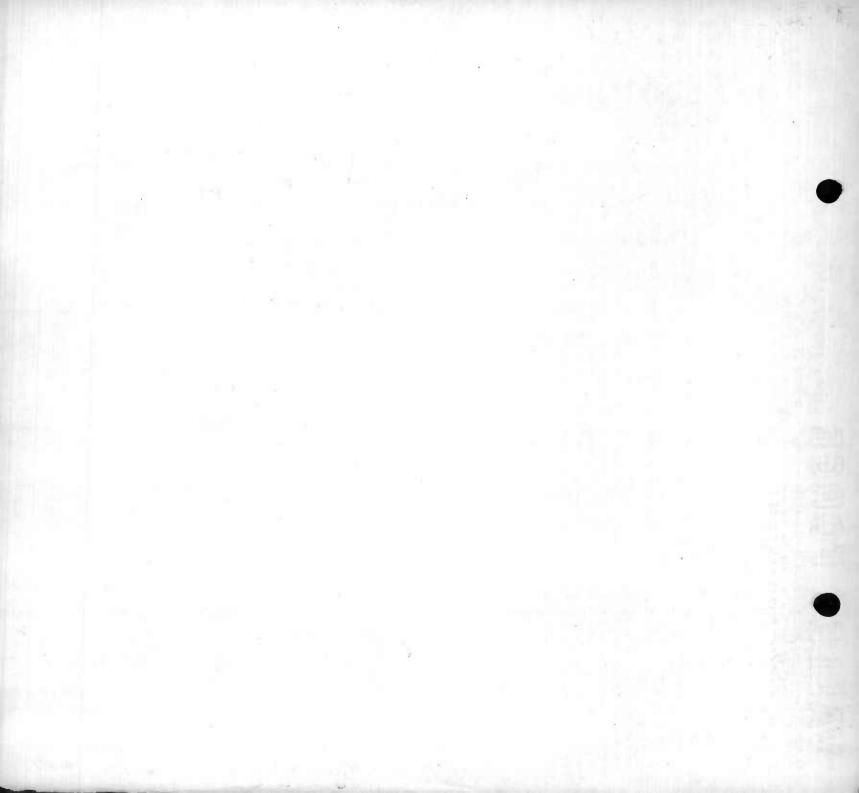
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE C	OF DEATH Registe	ered No.
M.E. CASE NO.						
Type or Print	ECEASED		4-1-	2. DA	TE AND HOUR PRONOUNC	ED DEAD
	WILL		SMITH		3-28-65	4:15 P. M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If ins	titution: residence before admission) JNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				Maryland		
				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
NSITIONON				Baltimore	/	0-01
ST.	JOSPEH'S HOSP	ITAL - I	DOA	D. STREET ADDRESS	If rurol, give location)	
				/422 N. Spr		1205
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	Colored	500	O to 3 to 3 d	7-30-19	07 57	
IOA. USUAL OC	CUPATION (Give kind of work	TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State o	foreign country)	12- CITIZEN OF WHAT COUNTRY?
done during most o	f working life, even if retired)	50	1,001	10-1 4	OHIO	TI S A
3. FATHER'S NA	ME	- OC	4001	14. MOTHER'S MAIDEN	NAME	1 4121/1
λ	10.1			71.1	. At	
5 WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	Y/3	ADDRESS
	(If yes, give wor or dote		SECURITY NO.	1		
VOS		-25/15/6	186-18-5463	Deatnic	e / URRICK	1222NS
16.	201		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI					
(This door	LEADING TO DEATH		Arte	riosclerotic	cardiovascular	disease
heort foilu	re, osthenio, etc. It meons	the disease,			OF STOMACH CONT	
111/01/01	ompression water course	0001111	MITT	ASPIRATION C	or Stormen Cont	ENI
	ANTECENDENT CAUSE		(B)		000000000000000000000000000000000000000	
	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S		DUE TO			
	ING CONDITION LAST.		(C)			
Ó	- 11		1 97			
OTHER SI	II GNIFICANT CONDITIONS	CONTRIBUTION	1G			
E TO THE	DEATH BUT NOT RE		HE		.00000000000000000000000000000000000000	
-	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE F	
8	WAS PER	FORMED		Yes	IN CERTIFYING CAU	ISES OF DEATH?
ZIA. EXTERN	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City, g	ive exact location)
UTING CA	GOR CONTRIB-	home,	, form, foctory, street,	office bldg., INJURY OCC	UR?	
E 21D TIME		r) (Hour) 2	TE, INJURY OCCURRED	21E HOW D	D INJURY OCCUR?	
OF INJURY	(Month) (Doy) (Yeo			WHILE		
(APPROX.)	a State of	m. V	VHILE AT NOT	VORK		
22.	ertify that I held an I	nquiry 🗌	Inspection Au	topsy 🗵 ond that	on this basis, death in	my opinion
	ulted from: Natural ca		scaldent Suicid		Undetermined monn	er 🗌
	101	1	1		AL EXAMINER	
ACTU	AL BALL	11001	V			DATE SIGNED
SIGNA		14,200	м. с	ASSOCIATE MEDIC	V_	3-29-65
	(Type) PETER	W. RIE	CKERT, M.D.	ASSOCIATE MEDIC	AL EXAMINER	
23A, BURIAL C	. 71 .		C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or county) (Stote)
REMOVAL (Spe			11	0	n 11	- me
Busi	al 4-2.	-65/	lational(	emetery	122/ timbre	ADDRESS
24A. DATE REC		248, NAME	OF REGISTRAR	24C. EUNERAL DI	ann com	U TOURESS
	APR 2 1965	Piotest	TE. Janke, 19.0	Kandols	ell di Cepllint	8 1412 E. Bealo

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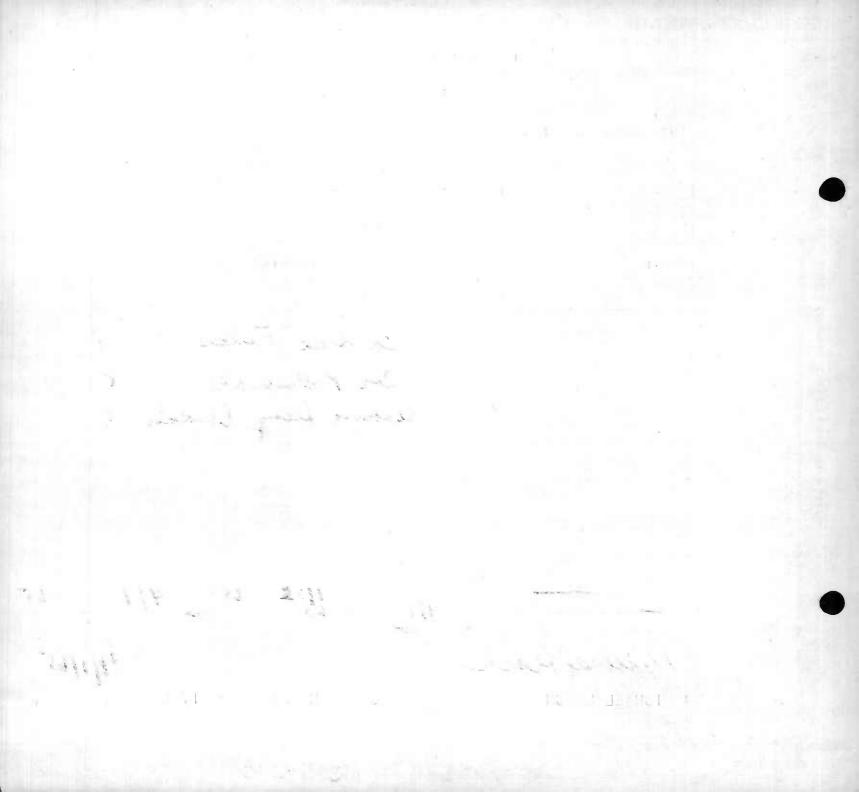
212	BALTIMORE CITY HEALTH DEPARTA	65 7525
	BIRTH NO. 65 3517 CERTIFICATE OF DEA	ATH Registered No. 00
deat deat ease n th Suc	1. NAME OF DECEASED	DATE AND HOUR OF DEATH
of death of death Deceased e on the	CHAICTOLIE TEZZONZ	3/31/65   2112 PM.
hospital use of c (5) Dece dance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDEN A. STATE	B. COUNTY
in a hospi ng cause o cause; (5) D attendance ior to deat	FULL NAME OF (If not in haspital or institution, give street)	20-01
a hos cause se; (5) endan to de	HOSPITAL OR oddress or location) C. CITY OR TOWN	(If outside city limits, write RURAL and give tawnship)
in a cause; cause; for to	LUTHERAN HOSPITAL D. STREET ADDRES	140.
	LUTHERAN HOSPITAL 132	. 0
contributing etermined can regular at	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH	V. Culver 5).  19. AGE (in years   If Under 1 Ye., If Under 24 Hrs.
mine gula sed mad	WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
reg ease is n	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (STO	ate or foreign country) 12. CITIZEN OF
- uo	done during most all working life, even il retired)	WHAT COUNTRY?
e d	Balto. City School System Education BAlto.	, Ma. 4. S.A.
poos	13. FATHER'S NAME	
disposition	THE THE WAY	Jones McLeod
	15. Was Deceaved Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	ADDRESS
Ling	No Osporna J	essups 13.2 Culver ST.
	18. 240 X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
o B	DISEASE OR CONDITION DIRECTLY DIABETIC NE	PHROPATHY &
Ē	(A) DUE TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO THE MICH.	
embalmed	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	10 /0 \
Ē	ANTECEDENT CAUSES (B) ANEMIA SE	ic, to (A).
	DISEASES OR CONDITIONS, if any, giving	
The remains are	rise to the above cause (A) stating the (C) DIABELE	MELLIOS.
	UNDERLYING CONDITION losi.	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHER	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY?	Yes or No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	WAS FERFORMED	
	OP CONTRIBUTING CAUSE OF home form foctory street office bidg INTURY OF	RE DID (If in Boltimore City, give exact location) CCUR?
	DEATH (notify medical examiner)	
	UF INJURY	DID INJURY OCCUR?
	(APPROX.) While At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from 3/3	1965 to 3/3 1965
1	- 101	ond that in(my) (our) aplalon death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after	
	23A. SIGNATURE	238. DATE SIGNED
	Oscar Ferranchiser M.D. Attending Med. Phys.	Stor Stoff N 3/31/65
	23C. PHYSICIAN'S 23D. ADDRESS	Chys. Eq. 0/01/00
	NAME (Type) SCAT EFT NANDINI M.D. Lut	ly han Hosp.
	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	n between M.
	DURIAL TO-65 AFDUTUS  25A, DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR     25C. FUNERAL	ITYPUTUS INQ.  DIRECTOR ADDRESS
	APR 2 1965 Robert E. Jayley M. A. Rts A	1 Duett 914 Prose Ara
IF	VS 150-REV. 1/1/65	C. TELL TIP LEWIN. THE



IMPORTANT

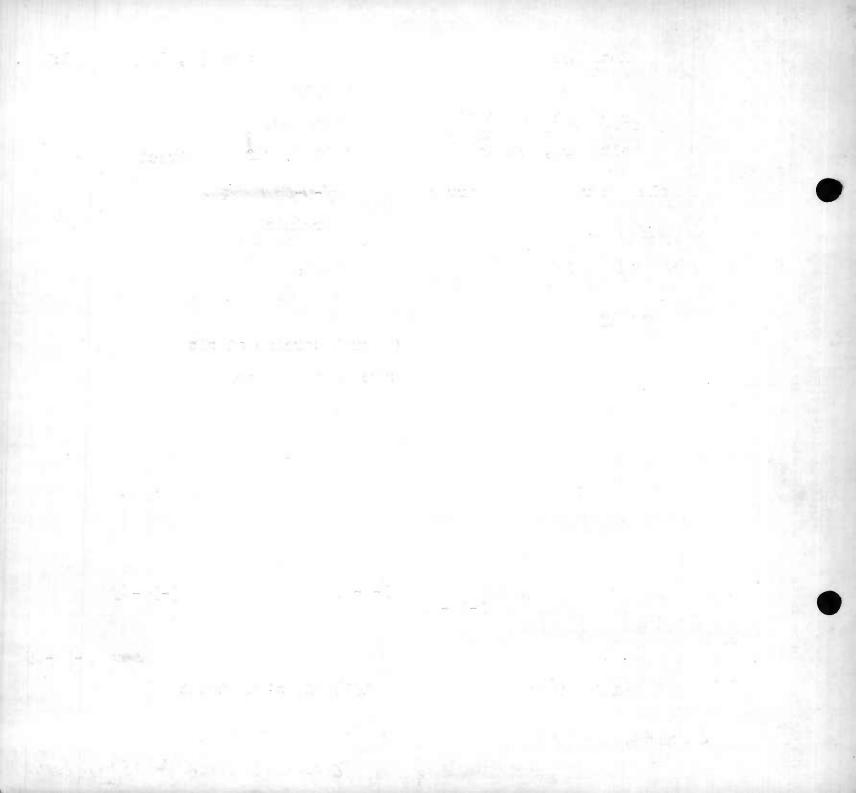
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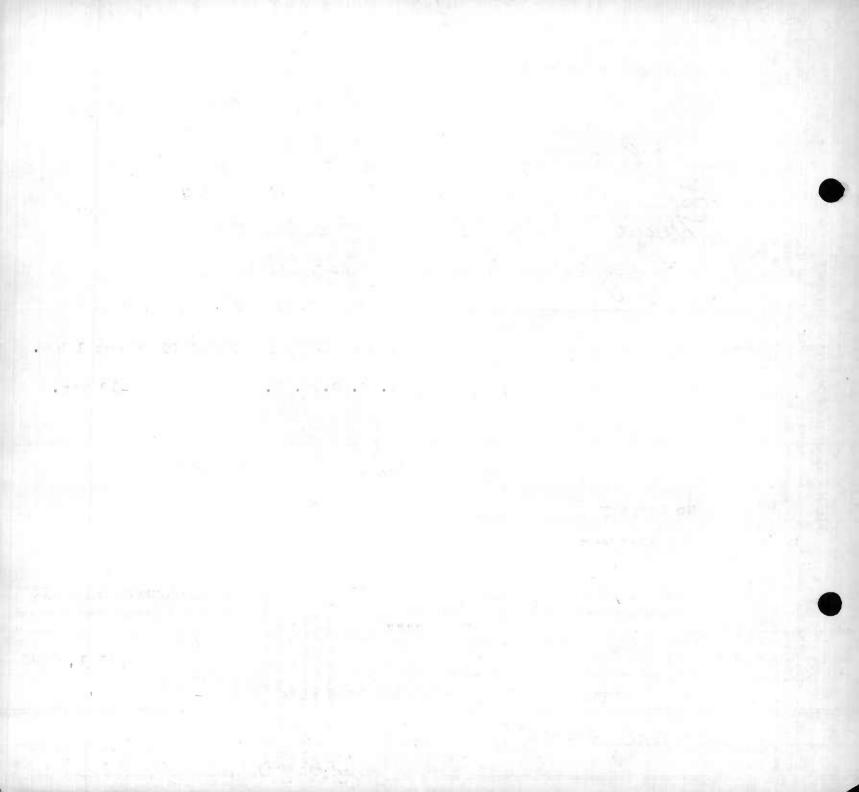
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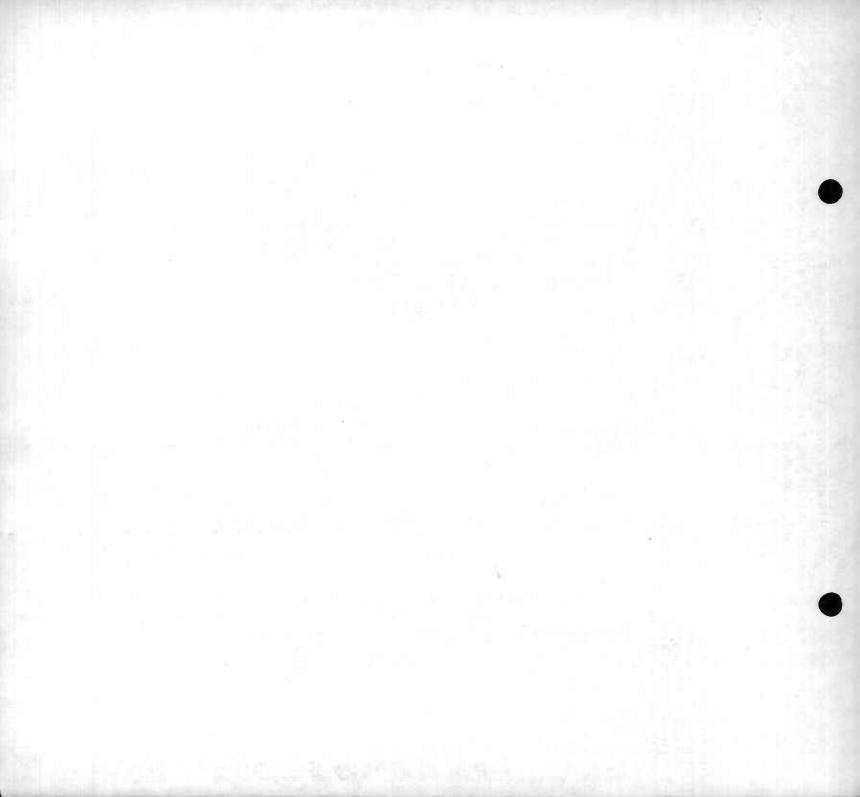


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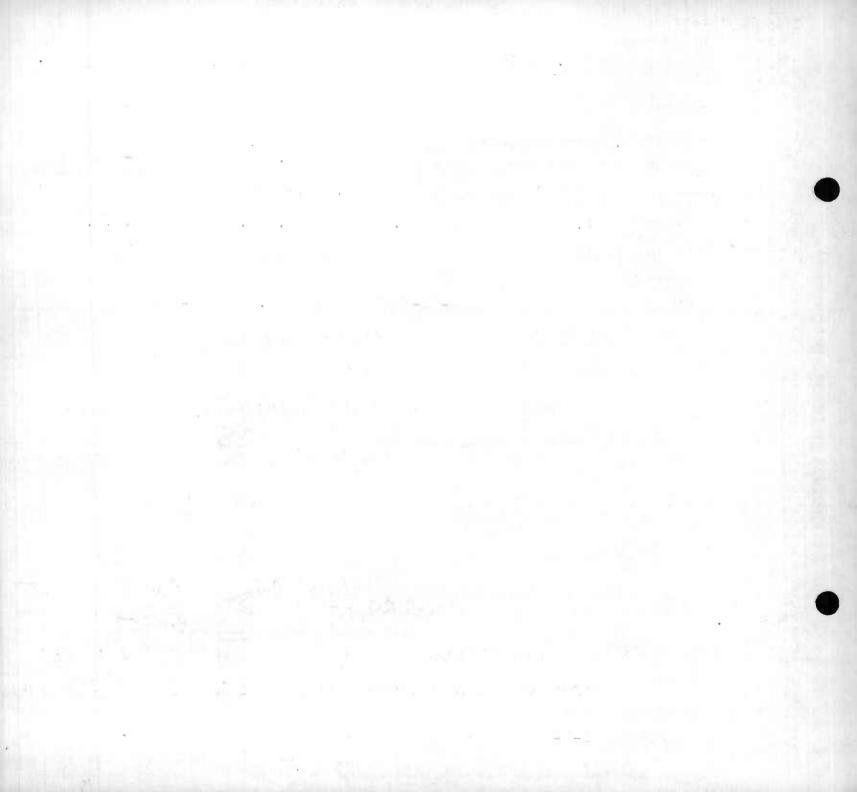
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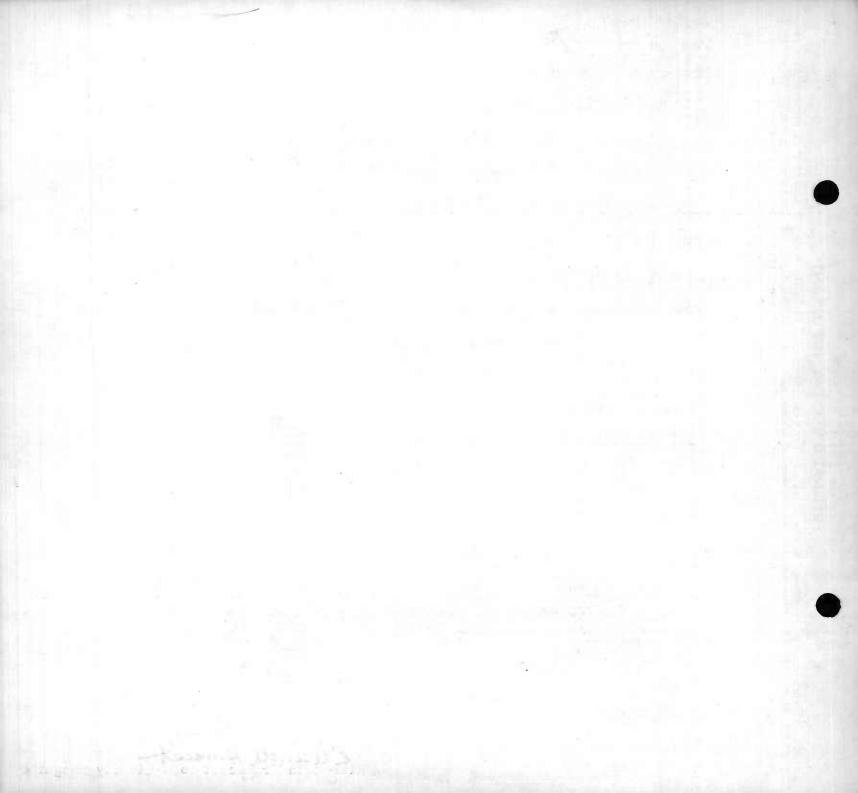


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VS 150-REV. 1/1/65

That will also also a settle a 



Ellsworth

Armacos t 4600 Liberty Heights

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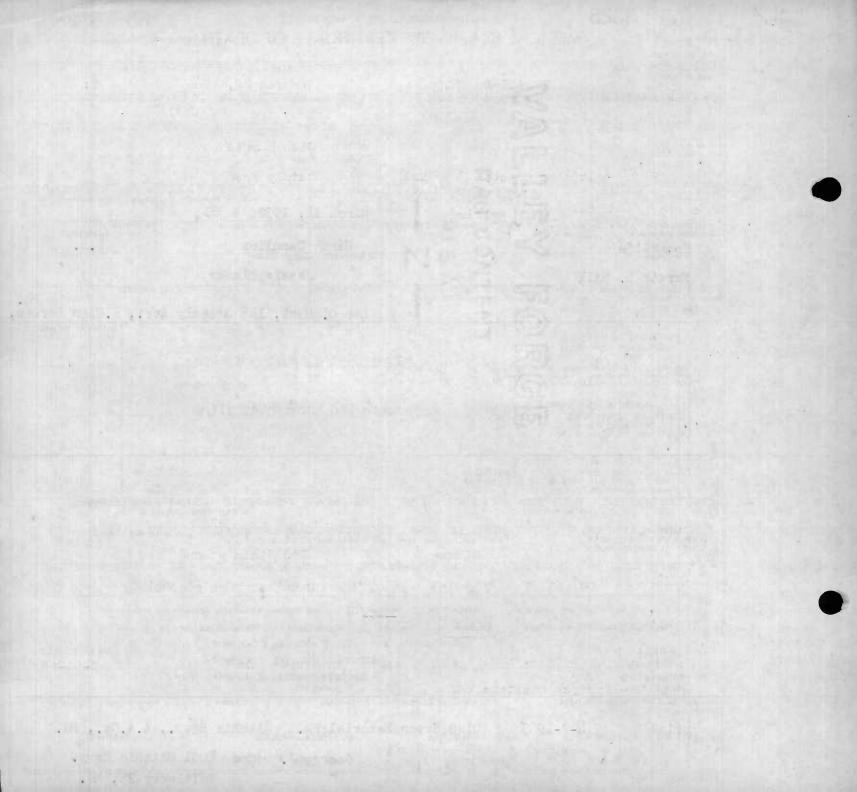
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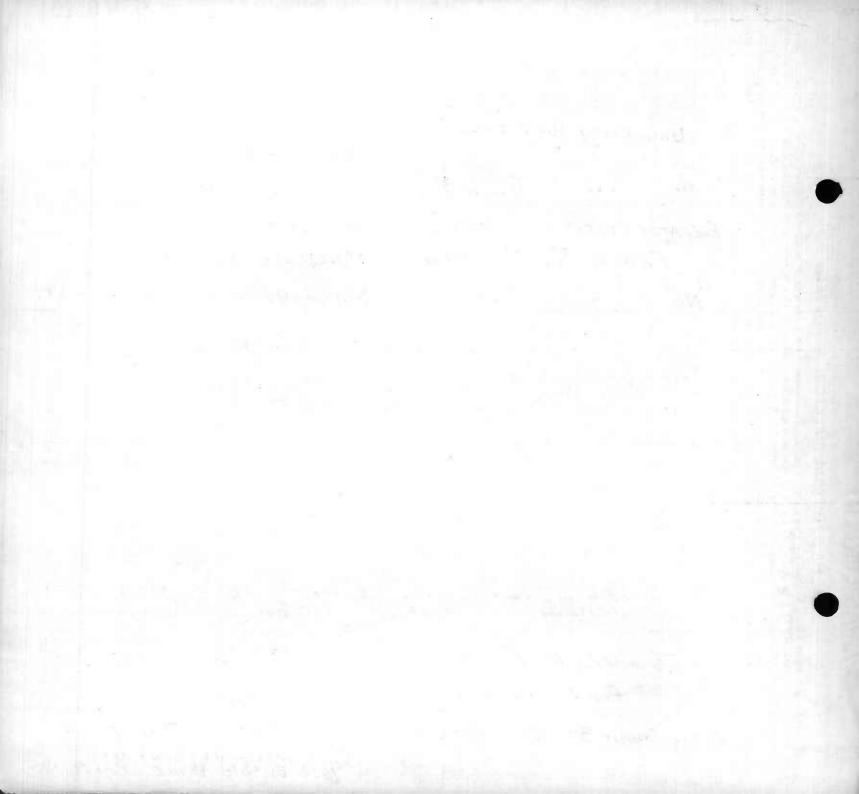
VS 150-REV. 1/1/65

marin Heldetein

( ,

BIRTH NO.	MEL	ICAL EX	CAMINER 2 C	EKTIFICATE	F DEATH Regist	ered No,
M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)  GERALDINE HUNT				March 30, 1965		1:40 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
				Glen Burnie		
				D. STREET ADDRESS (If		2 # 000
So	outh Baltimor	e Genera	1 Hospital	148 Steinl		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)				8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
female	white	married		March 14, 19		TVIORINS DOYS HOURS TVIIII.
		(Give kind of work TOB. KIND OF BUSIN		TRY 11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Housewife				North Carolina		U.S.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
	L. Hall				e Blanks	
	D EVER IN U.S. ARM E		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS MG
No		1000		Lee O. Hunt,	148 Stiemly	Ave., E.Glen Burni
18.	80,0	100	CAUSI	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION	DIRECTLY				
(This does	LEADING TO DEAT		(A) IS	opropyl alcoho	l poisoning	***************************************
heort foilure,	, osthenio, etc. It meor mplication which coused	is the discose.	505 10			
	NITECTNIDENT CALL					
	OR CONDITIONS, IF		(B) AC	ute and chroni	c ethylism	
RISE TO TH	E ABOVE CAUSE (A)	STATING THE	201 10			
			(C)			
) I	11					
TO THE	NIFICANT CONDITION DEATH BUT NOT R	ELATED TO T				
-	R CONDITION CAUSIN		WHICH OPERATION	20A AUTOPSY? (Yes of	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
8		RFORMED	WHICH OPERATION	Yes	IN CERTIFYING CAL	ISES OF DEATH?
Z 21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE D	D (If in Boltimore City,	
	FOR CONTRIB-	home etc.)		office bldg., INJURY OCCUP		52-00
Z 21D TIME	(Month) (Doy) (Ye	or) (Hour) 2	Home		Steinly Road	
OF INJURY	3 30 65	, 2 V		WHILE X Drank	rubbing alcol	ho1
22.	3 30 03	* m. V	VORK L AT W	ORK DIAMA	rubbing areo	101
1 cer	tify that I held an	Inquiry	Inspection Au	topsy X and that of	n this bosis, deoth in	my opinion
resul	ted from: Notural c	ouses	spiced Spiced	e Homicide	Undetermined mont	ner
ACTUAL	1/0/2	1000		CHIEF MEDICAL		DATE SIGNED
SIGNAT		Uy Ce	Man M.D	ASSISTANT MEDICAL	EXAMINER	3-31-65
EXAMIN			. 7	ASSOCIATE MEDICAL	EXAMINER	
NAME (	Type) Rudiger		C. NAME OF CEMETERY	CREMATORY 23	D. LOCATION (City	y, town, or county) (State)
REMOVAL (Specify						
Burial	1,-2-	1965	Glen Haven M	emorial Pk.	Ritchie Hgwy.	, A.A.Co., Md.
24A, DATE REC'D		- 10 0 0	G FA D. M.D.		TOR	ADDRESS
	APR 2 196	1 Solon	J. C. Lewis	George J.	(1	litchie Hgwy.
V\$ 151-REV. 1/1/	65	10:			Baltin	nore 25, Md.





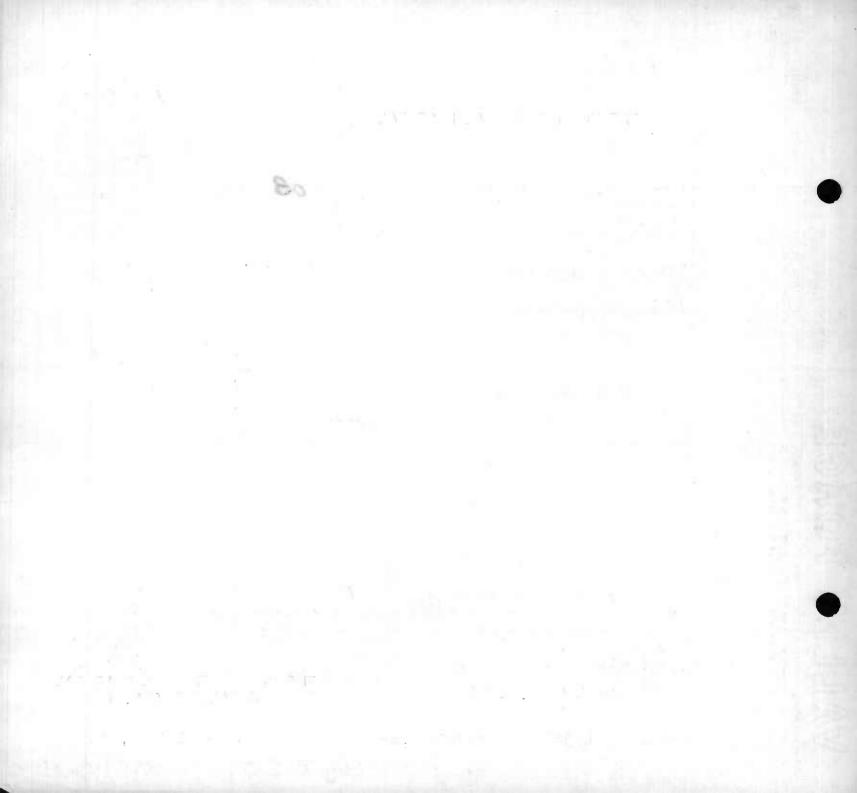
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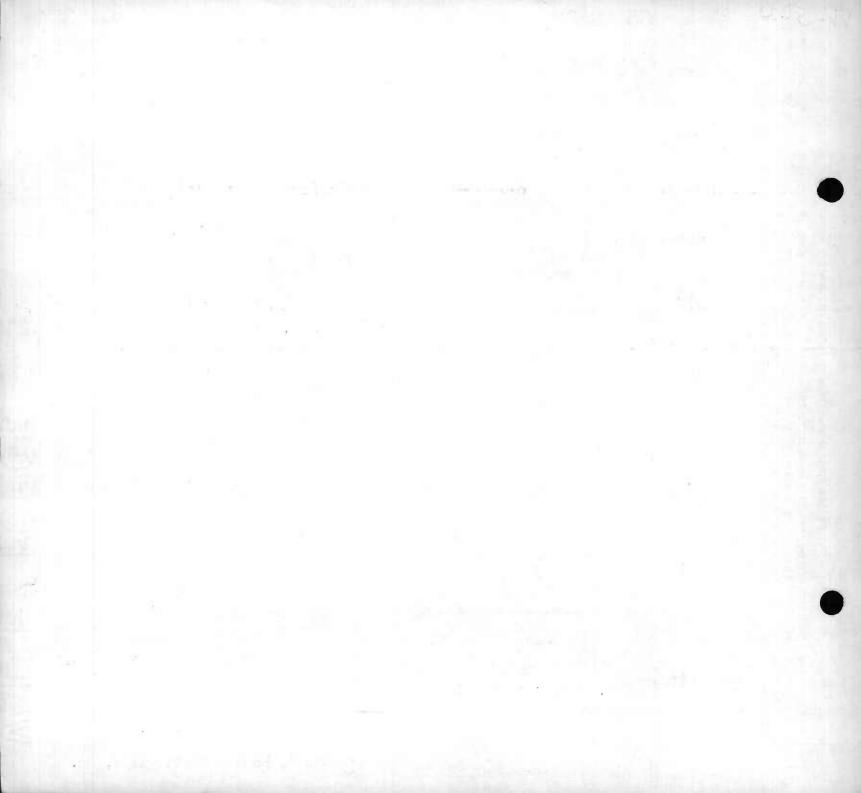
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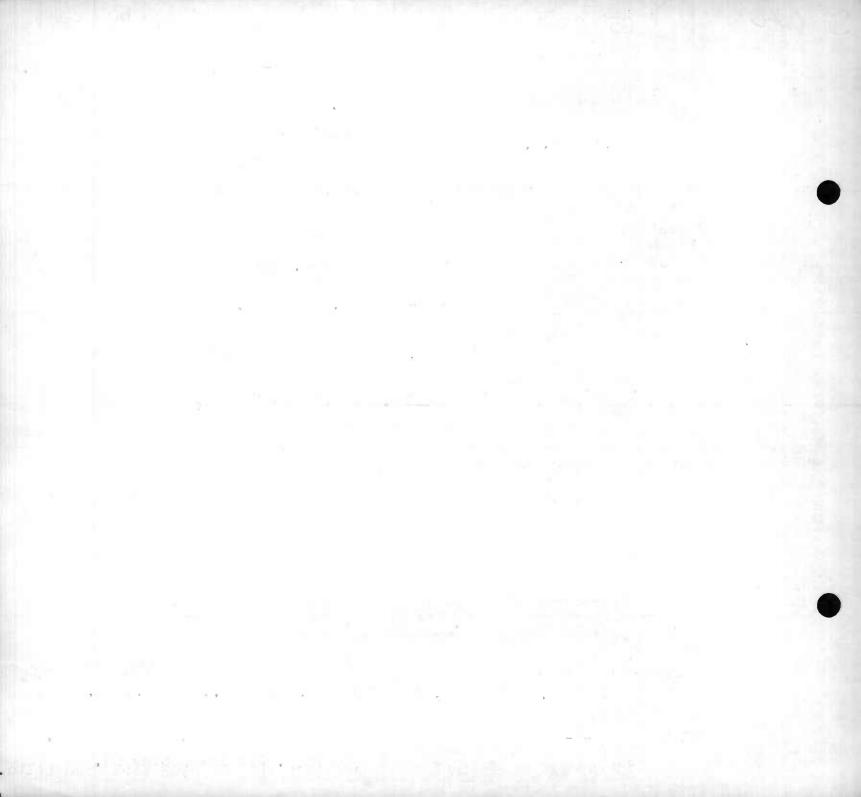


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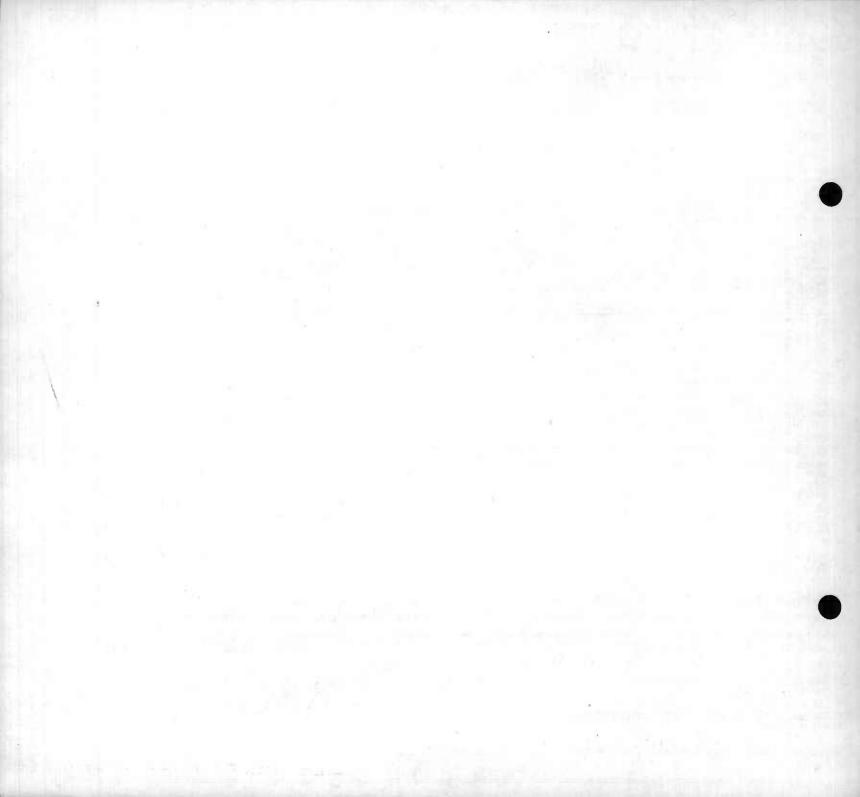
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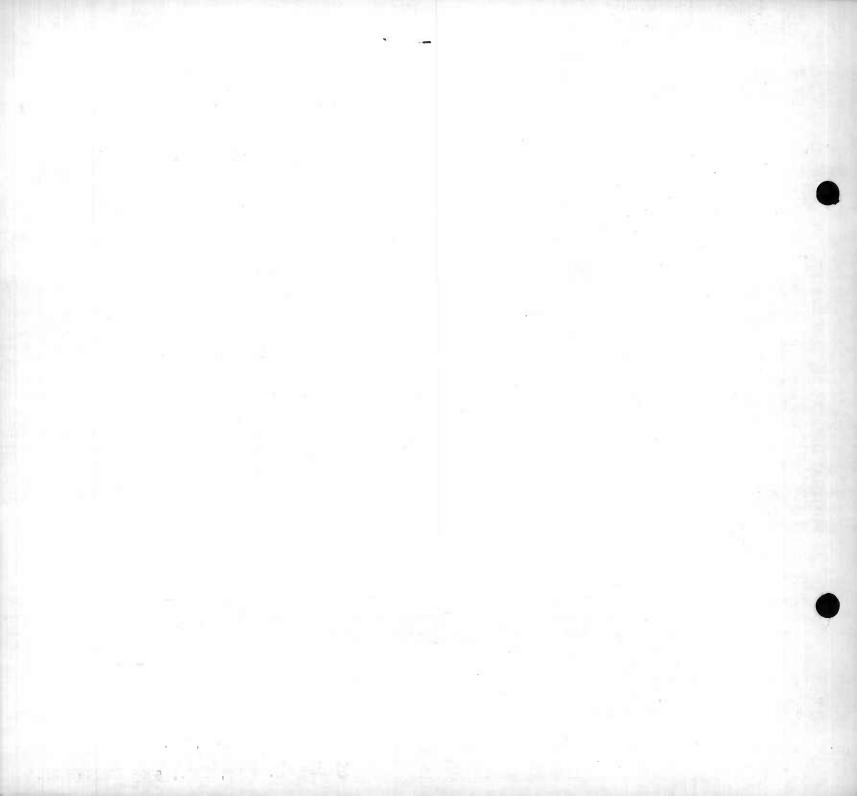


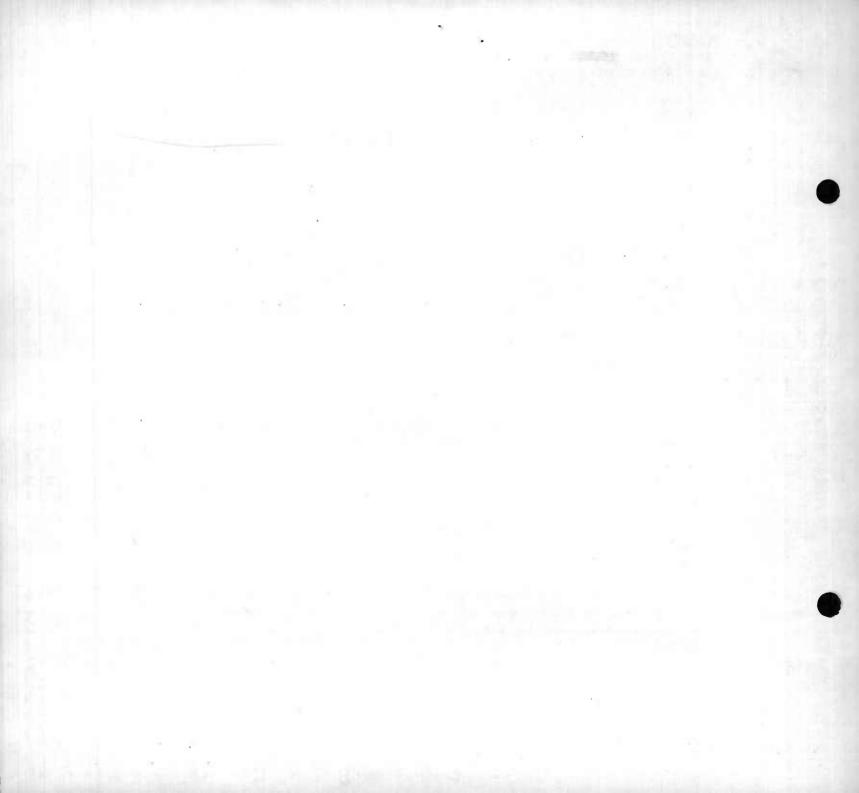
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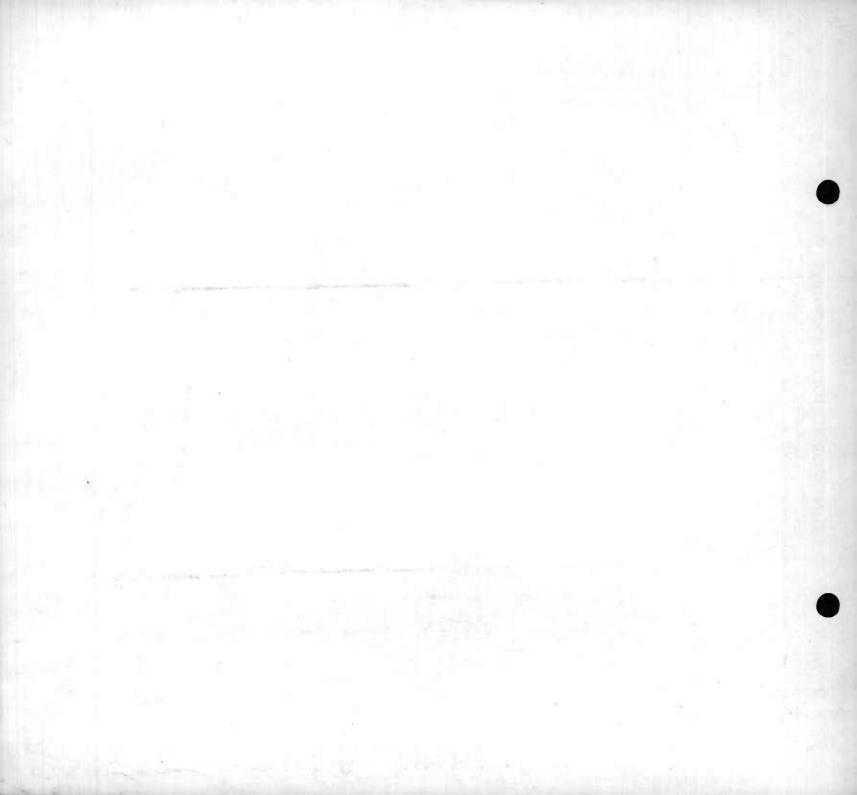




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A December of Comments of Self-contract? 3-29 7 7 7 29 29 29 MICHON C. MONTE CHATCH HOME GOOD HE PERSON KITHIN . ) POHENY

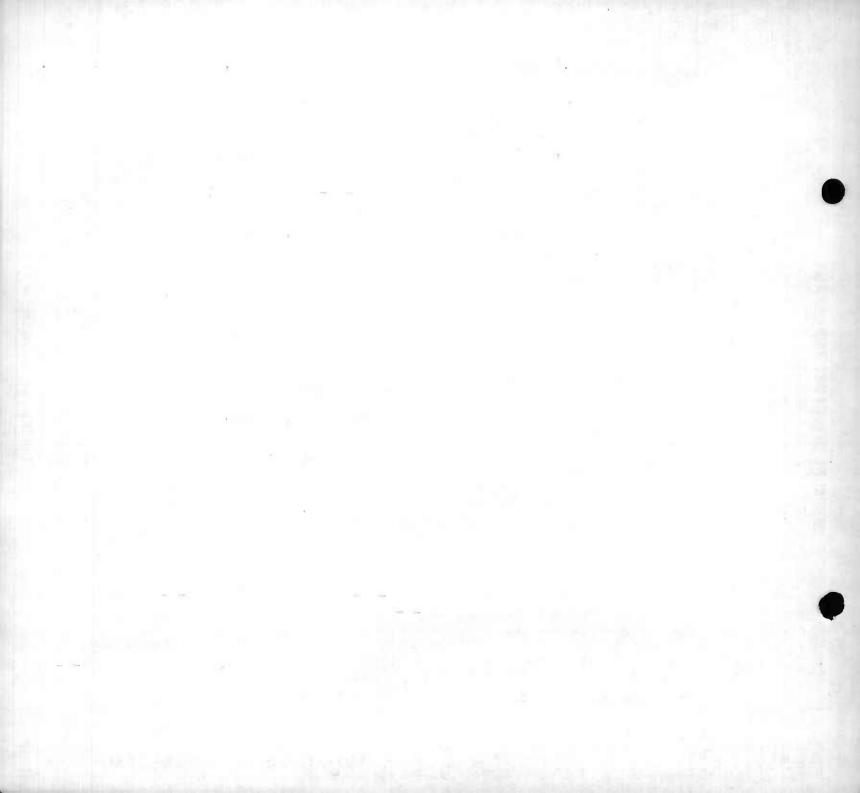
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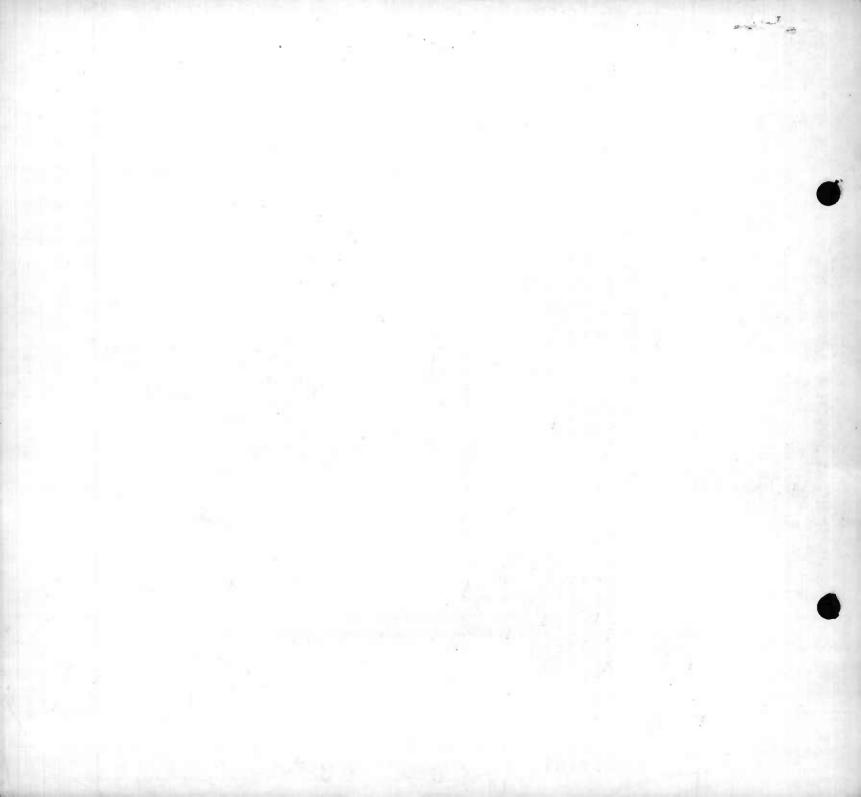
IRTH NO.						65 3542
	65 3542		CERTIFICA	TE OF DEATH	Registered No	. 00 00
NAME OF DE	CEASED			2. DATE	AND HOUR OF DEAT	н
Type or Print)	Fre	d Wil	son	Ma	rch 30, 196	5
PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before admissi
FULL NAME			give street	Md		e RURAL ond give township)
INSTITUTION	ersons Guest	House		Baltimore 1	7.	
	Roslyn Ave	, - 45		D. STREET ADDRESS	(If rural, give locotion)	
				#632 N Ful	ton Ave	
. SEX	6. RACE		NEVER MARRIED  D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min
M	C		dowed	7/1899	66	
	UPATION (Give kind of work f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	fareign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		St	ore	North Ca	rolina	S. N. S. P. S. Walliam
3. FATHER'S NA	ME			14. MOTHERS MAIDEN	NAME	
Unknown				Unknown		from many
5. Was Decease	d Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, na ar unkna w	n) (If yes, give war ar date	s of service)	213-18-0217	Mrs Mildred	Williams 6	32 N Fulton Ave
1B. 4 4	12X1		CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECTLY	6	at Come of	16. 471	2 0
(This does	LEADING TO DEATH not mean the mode of	dvina oa	(A) DUE TO	cus or juster	ward Jack	v suc
	, asthenio, etc. II meons		DUE TO	//		
	damento, etc. il meons	me diseose,		1 10		
injury or co	mplication which coused	death.)	Byte	rischite C.	-U.R Disc	in (a.
injury or co	MATECEDENT CAUSES	death.)	(B) Arti	cut Cerjustin	-U.R Disa	in (y.
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	death.) any, giving		rischertie C	-U.R Disc	in (yr.
DISEASES	MATECEDENT CAUSES	death.) any, giving	(B) DUE TO	rischte C	-U.R Disc	in (yr.
DISEASES	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	death.) any, giving		rischte C	-U.R Disc	ów (y.
DISEASES rise Ia H	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIONS CONDITIONS C	death.)  any, giving stoting the ONTRIBUTING	(C)	rischibe C	-U.R Disc	in (yr.
DISEASES rise Ia H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if it above cause (A) G CONDITION last.  II IIIIICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	death.) any, giving stoting the ONTRIBUTING	(C)			
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DISEASES rise Ia II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stoting the ONTRIBUTINGTED TO THE TO THE TO THE TO THE TRANSPORT OF THE TRANSPO	G E WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CONSIDERED
DISEASES rise Ia III UNDERLYIN  OTHER SIGN TO THE II DISEASE OR 19A. DATE O	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS CODEATH BUT NOT RELATED TO CONDITION CAUSING FOR CAUSING TO PERATION 198. CON WAS PERION WAS PERION UTING CAUSING CAU	death.) any, giving stoting the ONTRIBUTING TO THE TO THE TO THE TOTAL THE T	G E WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WER IN CERTIFYING C	F FINDINGS CONSIDERED
DISEASES rise Ia H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19 A. DATE O  21 A. A. CCIDI OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS COPEATH BUT NOT RELATION CAUSING IF OPERATION 19B. CONDITION CAUSING IF OPERATION LAST PERIOR LAST CONDITION CAUSING IN CONDITION CAUSE OF INT WAS UNDERLYING CAUSE OF INT WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY	any, giving stoting the ONTRIBUTING TO THE TO THE TOTO THE TOTO THE TOTAL TH	G E WHICH OPERATION PLACE OF INJURY (e.g., in ite, form, foctory, street, off	or about 21 C. WHERE DID INJURY OCCUR	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASES rise Ia II UNDERLYIN  OTHER SIGN TO THE II DISEASE OR 19A. DATE OF OR CONTRIB DEATH (notified) 21D. TIME OF INJURY	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stoting the ONTRIBUTING TO THE TO THE TO THE TOT THE TENER OF THE TENER	(C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, off	or about 21 C. WHERE DID INJURY OCCUR:	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
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DISEASES rise la H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (notif	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) of CONDITION last.  IIIFICANT CONDITIONS CAUSENDER CONDITION CAUSING TO PERATION (AS PERION CAUSE OF The abay of the condition cause of the cau	any, giving stoting the ONTRIBUTING. TED TO THE T.  DITION FOR MED  218. hometc. (Haur) 21E, Wh. wa	CC)  WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, off injury occurred in the control of the control	or about 21 C. WHERE DID INJURY OCCUR:	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
OTHER SIGN TO THE I DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (week)	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stoting the  ONTRIBUTING TED TO TH T.  DITION FOR MED  218. Whometc. (Haun) 218. Whometc. ) ottended to	CC)  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred ite At Wark he deceased from	or about 21C. WHERE DID INJURY OCCUR:	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
OTHER SIGN TO THE I DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we ond hour or	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS CODEATH BUT NOT RELATED TO CONDITION CAUSING 1 F OPERATION 198. CON WAS PERION (Manth) (Day) (Year)  (Manth) (Day) (Year)  That the couses stated the couses stated to the couses stated and the couse s	any, giving stoting the  ONTRIBUTING TED TO TH T.  DITION FOR MED  218. Whometc. (Haun) 218. Whometc. ) ottended to	CC)  WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, foctory, street, off injury occurred in the control of the control	or about 21C. WHERE DID INJURY OCCUR:	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?  ore City, give exact lacation)  That 30 1955  plinion death occurred on the o
OTHER SIGN TO THE I DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (week)	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stoting the  ONTRIBUTING TED TO TH T.  DITION FOR MED  218. Whometc. (Haun) 218. Whometc. ) ottended to	PLACE OF INJURY (e.g., in lee, form, foctory, street, off injury occurred hat Wark he deceased from 15 40 (did not) vi	or about 21 C. WHERE DID INJURY OCCUR:  21 F. HOW DID  19 Ond  ew the body ofter dead	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacation)
DISEASES rise la H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19A. DATE O  21A. ACCIDIO OR CONTRIB DEATH (notif OF INJURY (APPROX.)  22. I certify that (I) (Mee	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS COPEATH BUT NOT RELATE CONDITION CAUSING IF OPERATION 19B. CON WAS PERION (Manth) (Day) (Year)  (Manth) (Day) (Year)  That sow the decease and from the couses statements.	any, giving stoting the  ONTRIBUTING TED TO TH T.  DITION FOR MED  218. Whometc. (Haun) 218. Whometc. ) ottended to	(C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, off of the foctory)  INJURY OCCURRED  At Wark  he deceosed from  /5 40  (We) (did) (did not) vi  M.D. Atter Phys	or about 21 C. WHERE DID INJURY OCCUR:  21 F. HOW DID  19 ond  ew the body ofter deat	No) 208, IF YES, WER IN CERTIFYING CO.  (If in Boltim  INJURY OCCUR?  19 33 to	E FINDINGS CONSIDERED CAUSES OF DEATH?  Ore City, give exact lacation)  That 30 1955
DISEASES rise la H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (notified DEATH (notified) 22. I certified that (I) (note) 23 A. S GNAT  23 A. S GNAT	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stoting the  ONTRIBUTING TED TO TH T.  DITION FOR MED  218. Whometc. (Haun) 218. Whometc. ) ottended to	(C)  G E WHICH OPERATION  PLACE OF INJURY (e.g., in the form, foctory, street, off of the foctory)  INJURY OCCURRED  At Wark  he deceosed from  /5 40  (We) (did) (did not) vi  M.D. Atter Phys	or about 21 C. WHERE DID INJURY OCCUR:  21 F. HOW DID  19 Ond  ew the body ofter dead	No) 208, IF YES, WER IN CERTIFYING CO.  (If in Boltim )  INJURY OCCUR?  19 33 to that in (my) Lour) or the	E FINDINGS CONSIDERED CAUSES OF DEATH?  Ore City, give exact lacation)  That 30 1955
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DISEASES rise Ia H UNDERLYIN  OTHER SIGN TO THE II DISEASE OR 19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (noif)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (Me) ond hour or 23A. SGNAT	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS CAUSEANT BUT NOT RELA TOONDITION CAUSING I F OPERATION 19B. CON WAS PERI TO CAUSE OF TO THE CAUSE OF	any, giving stoting the ONTRIBUTING TO THE TO THE TO THE TO THE TOTAL CONTRIBUTION FOR WE TO THE TOTAL CONTRIBUTION FOR THE TOTAL	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred in the deceased from 15 yaw (b. d. wark)  (We) (did) (did not) vi  M.D. Atternation Attentation (A.D. Atternation)	or about 21C. WHERE DID in JURY OCCUR.  21F. HOW DID  19 45 ond ew the body ofter deor	No) 208, IF YES, WER IN CERTIFYING CO.  (If in Boltim  INJURY OCCUR?  19 33 to	E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exact lacation)  pinion death occurred on the course of the
DISEASES rise la H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (notif DEATH (notif OF INJURY (APPROX.)  22. I certify that (I) (Mee ond hour or 23A. SGNAT  23C. PHYSICI. NAME (	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS CAUSE (A) G CONDITION CAUSING I CONDITION CAUSING I F OPERATION (A) (Year)  ENT WAS UNDERLYING (Manth) (Day) (Year)  (Manth) (Day) (Year)  The third (I) (this hospital than the couses stated from the couse stated from the co	any, giving stoting the ONTRIBUTING TO THE T. DITION FOR MED  218, hometc. (Haur) 21E, Wh wa of the obove. (1)	WHICH OPERATION  PLACE OF INJURY (e.g., in lee, form, foctory, street, off in work)  INJURY OCCURRED  At Wark  The deceosed from  M.D. Atter Phys  AME of CEMETERY or CREE  M.A. C.	or about 21C. WHERE DID ice bldg., INJURY OCCUR.  21F. HOW DID  19  ond  ew the body ofter deat  adding Med. Director  3D. ADDRESS  ATT PLAN  MATORY  24D	No) 208, IF YES, WER IN CERTIFYING CO.  (If in Boltim ) (If in	E FINDINGS CONSIDERED CAUSES OF DEATH?  ore City, give exact lacation)  pinion death occurred on the cause of
DISEASES rise la H UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19 A. DATE O  21 A. ACCIDI OR CONTRIB DEATH (notif DEATH (notif OF INJURY (APPROX.)  22. I certify that (I) (Mee ond hour or 23A. SGNAT  23C. PHYSICI. NAME (	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION last.  IIIFICANT CONDITIONS CAUSEANT BUT NOT RELA TOONDITION CAUSING I F OPERATION 19B. CON WAS PERI TO CAUSE OF TO THE CAUSE OF	any, giving stoting the ONTRIBUTING TO THE T. DITION FOR MED  218, hometc. (Haur) 21E, Wh wa of the obove. (1)	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred in the deceased from 15 yaw (b. d. wark)  (We) (did) (did not) vi  M.D. Atternation Attentation (A.D. Atternation)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?  21 F. HOW DID  19 45 ond ew the body ofter death of the body of the death of the body of the condition of the body of the condition of the body of	No) 208, IF YES, WER IN CERTIFYING CO.  (If in Boltim ) (If in	pinion death occurred on the o

and the second of the second o and the resignation of the same of the Annual Carley of the State of t

	65 3	5.4.2	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 3543
BIRTH NO.		URO	CERTIFICA	ATE OF DEATH	Registered No.	
Type or Print)					ND HOUR OF DEATH	
	Glady	s Gilmore		Apri	1 1, 1965	3:25 A.
PLACE OF	SEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (WH	ere deceased lived. If	institution: residence before odmis
FULL NAME	OF (If not	in hospital or institut	ion dive street	Maryland		1601
HOSPITAL O	R oddres	s or location)			utside city limits, write	RURAL and give township)
1143111011014		ent Hospit		Baltimore		
		ivision St			f rural, give location)	
	Baltim	ore, Maryl	and	926 Carrollt	on Avenue	
. SEX	6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months: Days Hours Mi
Female	Negr		OWED, DIVORCED (specify)	11-29-25	lost birthdoy)	Months Days Hours Mi
	CUPATION (Give	kind of work 10B. KINI	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or for		12. CITIZEN OF
	of working life, ev					WHAT COUNTRY?
				Baltimore, Ma	aryland	USA
3. FATHER'S N				1 /	AME	
Jayıs	Gilmi	ore		Mabel		
S. Wos Deceos	ed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkno	wii/tii yes, give	wor or dates of servi	214-26-1438	Edun I Colo	1020 C/F	- N. Futton Ave
10					0/5	
18. 75			CAUSE	OF DEATH		ONSET AND DEATH
DISE	LEADING T	DITION DIRECTLY				
(This does		mode of dying,	e.g., DUE TO	emia		
heart failur	e, asthenia, etc	. It means the dise	ase,			
injury or c		ich caused death.)	Mal-	ignant Hyperter	nsion	
	ANTECEDEN	T CAUSES	DUE TO	- J. P		min = =====imin === = = = = = = = = = = = = = = = = =
		IONS, if any, gi	ving	onic kidney. A	denoma of 1	eft adrenal gla
	NG CONDITIO	ouse (A) stating	(C) 200	opao manio,		or daronae bea
	11					
OTHER SIC	II INIFICANT CON	IDITIONS CONTRIBL	TING Conges	tive heart fail	lure with p	ulmonary edema
E TO THE		NOT RELATED TO	2112	opneumonia	CALLETT SERVICE	
		198. CONDITION F	OR WHICH OPERATION		o) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE		WAS PERFORMED		Yes.	IN CERTIFYING CA	AUSES OF DEATH?
21 A. ACCI	ENT WAS UNI	DERLYING		in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact locotion)
DEATH (no	IBUTING CAL	DSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
		Pay) (Year) (Hour)	2) E. INJURY OCCURRED	DIE HOW BY	IIIIAY OCCUM	
OF INJURY	(Widnin) (D		While At Not Wh	21 F. HOW DID IN	JURY OCCUR!	
(APPROX.)			Work At Work			
22. I certi	fy that (1) (thi	s hospital) attend	ed the deceased from 3:	-12-	1965 to 4-1	1965
		e deceased alive	1. 7			inian death accurred on the
						amon death accurred an the
		auses stoted obav	e. (i) (me) (did) (did nat)	view the bady after death	•	Took BATE CICATE
23A. SIGNA	) ORE	x 22.	1.00	tending - Mad -	Staff ==	23 B. DATE SIGNED
1/1	regul	o mac	unke J. Ph	ys. Med. Director	Stoff Phys.	Marc 4-2-65
23C. PHYSIC NAME	(Type)		, ,	23D. ADDRESS		
142.416		Manankil	M.D	. 1514 Division	on Street	
4A. BURIAL C	REMATION, 24		C. NAME of CEMETERY of C			City, town, or county) (Sto
REMOVAL		. / .	MIt. Calvary Cu			Cty., Md.
1 UNB		10/05	11. Calvary Ca	m H	111/Trungel	0./1)
			/			•
5A. DATE REC	D BY HEALTH	1965 RAGE	ME OF REGISTRAR	ASTA STE		Pruid Hill Ave



C25	BALTIMORE CITY HEALTH DEPARTMENT 65 3544
hodra -	M.E. CASE NO.
deat deat deat ease on th	T. NAME OF DECEASED OHASON, Agron (EWIS 2. DATE AND HOUR OF DEATH 930/F)
spita of ) Dec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission as STATE B. COUNTY
a ho ause e; (5 ndar to d	FULL NAME OF (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  RALTIMOLE
d in caus	MARYCHAD GENERAL  D. STREET ADDRESS (If rurol, give locotion)  THORPITAL  716-REJER VOIX ST. #17
curre rribut mined gular sed p	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthdow)   10/29/58   15 Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
control determined on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  MARY HAD  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY
f deact or was was he d	13. FATHER'S NAME
ant i dire dire dire ath on t	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Issist the the the y kin d de	(Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  Beandline Johnson 716 Reservor  CAUSE OF DEATH  INTERVAL BETWEEN
MPO his a so, if of an) unced tenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., and degree Servers. 3.4 hs.
R: L	hearl failure, asthenia, etc. Il means the disease,
mine mine ho pegulo	ANTECEDENT CAUSES & DE TO + Premionia - Metrotiging
IREC alexa (3) A an w in r	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last.
Medical burns; hysician was	other significant conditions Contributing of the Death But not related to the Disease or condition causing it.
chief a m Body the pysicia	19A. DAJE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU the alby	OR CONTRIBUTING CAUSE OF home, forcing, street, office bldg., INJURY OCCUR? BALLS MUST elect.
ed by nospit ature pt wl (6) N	21D. TIME (Month) (Doy) (Yest) I Hour 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
pprov the lany n (exce ; and	22. I certify that (1) (this hespitel) attended the deceased from 1965
= 0 . 0	Market and the second of the s
2002	
rificate my was related.  1) An accidence of prior to approved.	TRANCETCO M. SAMOIFORD M.D. lives versity Hopsital - mid
ET O O -	
This certif the body shows: (1) was D.O., deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS APR 5 1965 Round & Friday 15 to do 918 Druid Hill Huc.
	VS 150-REV. 1/1/65



DIRECTOR:

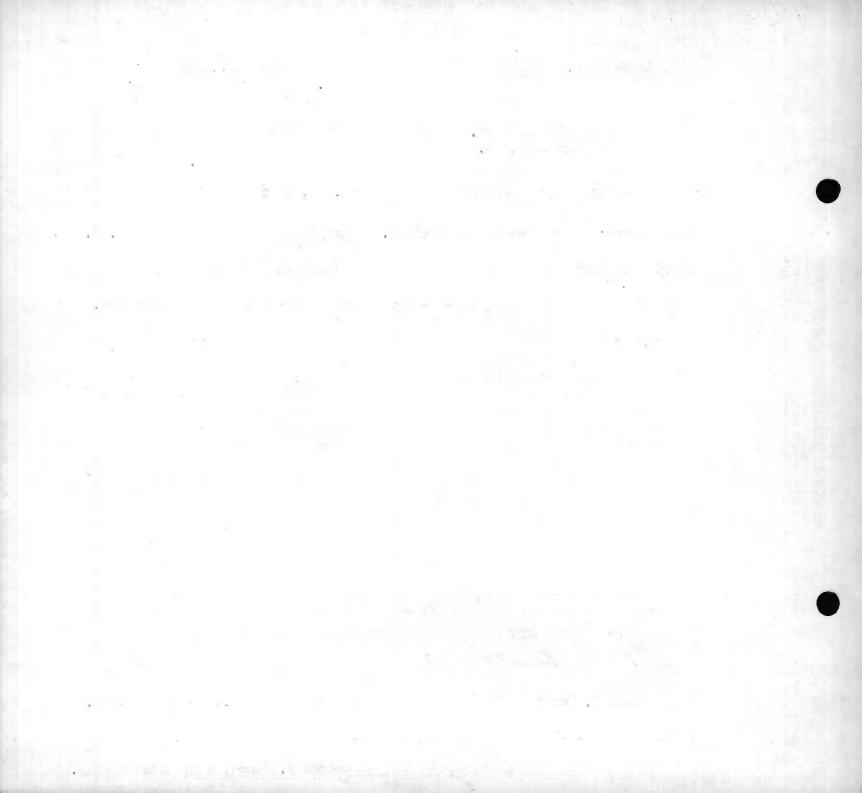
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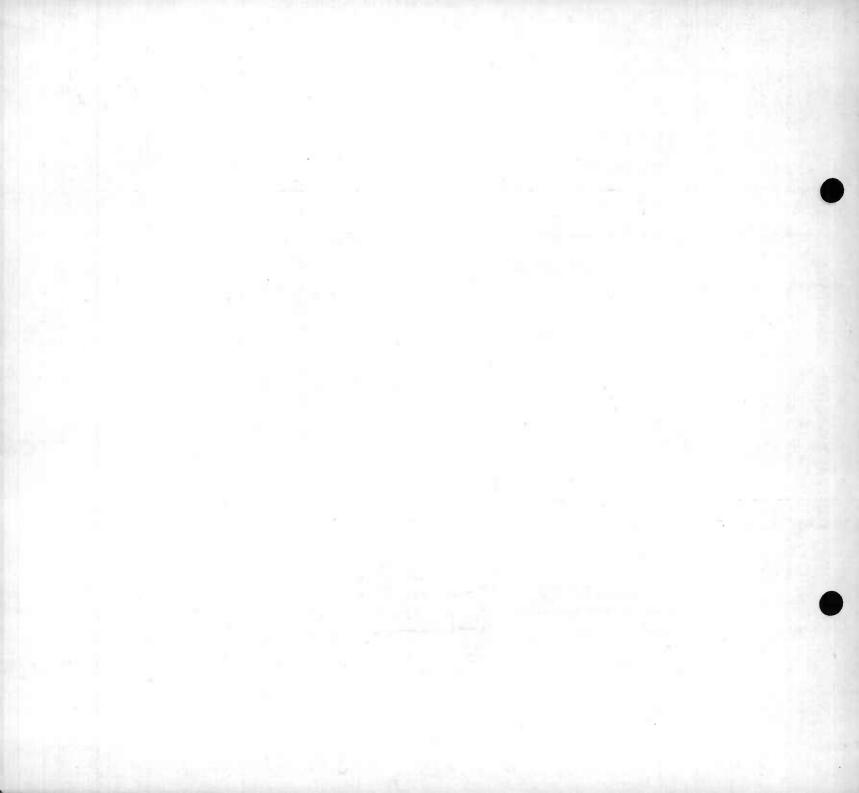
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DIRECTOR:

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VS 150-REV. 1/1/65

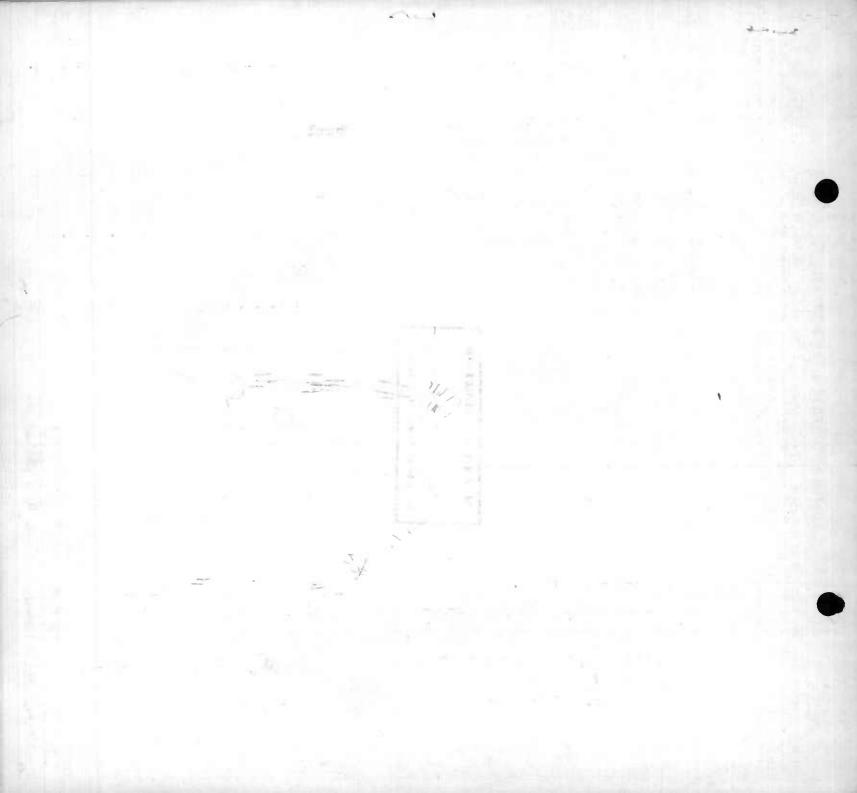


	of death of death Deceased ( e on the the conthe	BIRTH NO. 53.48  CERTIFICATE OF DEATH  Registered No. 53.48  M.E. CASE NO.  1. NAME OF DECEASED  (Typo or Print)  WALTER  Smith  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	ed in a hospit tring cause of d cause; (5) De r attendance prior to deat	FULL NAME OF HOSPITAL OR INSTITUTION  Mercy Hospital.  A. STATE B. COUNTY  M. C. CITY OR IOWN (If outside city limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)  4825 E. BAITO. ST
	occurr ontribu ermine regula sased is mad	5. SEX    6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years with birthday)   9. AGE (In years lost birthday)   10. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
<b>-</b>	irect or irect or (4) Unc h was h the d	Accounting Clerk City Government 14. Mothers Malden Name Bert Smith Lucy Smith
ORTAN	f the cly kind d deat ance o	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wer or doles of service) Yes  WW11  16. SOCIAL SECURITY NO. 380-09-9249  Mrs. E. Gladys Smith  ADDRESS 7825 E. Baltimorétreet Baltimore, Md. 21224  INTERVAL BETWEEN ONSET AND DEATH
DIRECTOR: IMP	al examiner or his of a examiner. Also, it (3) A fracture of an an who pronounce in regular attendons are embalmed o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (A) My D cardial furfaction 2 weeks  DUE to  (A)  Coronary Occlusion  (A)  DUE to  DUE to  DUE to  (A)  DUE to  DUE to  DUE to  DUE to  Coronary Occlusion  DUE to  DUE to  DUE to  DUE to  Coronary Occlusion  Due to  Due to  Due to  Coronary Occlusion  Due to
NERAL D	chief medico / a medico Body burns the physic ysician wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID  (If in Boltimoro City, give exact location)
F	by the pital by re; (2) where No ph	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact location) OR CONTRIBUTING   CAUSE OF DEATH (notify modical examinar)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	the hosp ny natu except and (6)	OF INJURY (APPROX.)  While At Not While At Work  Not While At Work  22. I certify that (I) (this hospital) attended the deceased from 3-/2 19 65 to 3-3 0 19 65
	nust be ap sleased to cident of a hospital ( to death);	thot (I)-(we) lost saw the deceased olive an
	dy was re (1) An ac O.A. at c	23C. PHYSICIAN'S NAME (Typo)  ONA  Deinlein.  23D. Address  23D. Address  24D. Location (City, town, or county)  (Stole)  Burial  4-2-1965  Mt. Carmel Cemetery  Parkton, Baltimore County, Marylan
	This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTAAR PROBLEM 125T. PUREL PROBLEM 125

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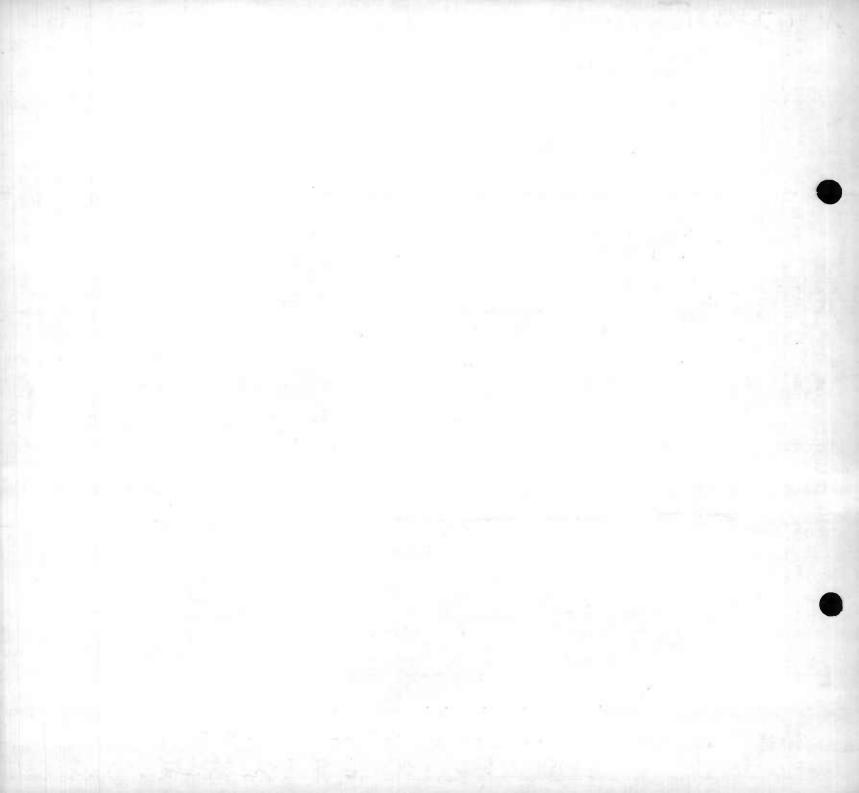
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



		CITY HEALTH DEPARTMENT				
	BIRTH NO. 65 3550 CERTIFIC	CATE OF DEATH Registered No.	65 3550			
1	M.E. CASE NO.	2. DATE AND HOUR OF DEATH				
(	HALE, RUSSELL S.  B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4-1-65	11:30Рм.			
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	itution: residence before admission)			
	FULL NAME OF (If not in hospital or instilution, give street	MARYLAND	100			
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)			
1	ST. AGNES HOSPITAL	BALTIMORE	E-17			
-		D. STREET ADDRESS (If rurol, give locotion)  500E LYNN STREET				
5	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED		If Under 1 Yr., If Under 24 Hrs.			
	MALE WHITE WIDOWED, DIVORCED (specify WIDOWED)	12-30-03   lost birthdoy)   61	Months Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDU- done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?			
	Butcher Meat	MARYLAND	4.5.4.			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Tames H. Hale.	Plovence A. Khode	25			
1	5. Was Deceosed Ever in U. S. Armed Forces? Yes, ag o unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	215-09-95%	ST. AGNES RECORDSCATO	IN & WILKENS AVE			
•		SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		OHSEL MIND DEWIN			
	(A) (This does not mean the made of dying, e.g., DUE TO	Treumon	VATA AAAA AAAA 8 - 80 8 8 48 44 44 44 44 44 44 44 44 44 44 44			
	heart failure, asthenia, etc. It means the disease,	11				
	ANTECEDENT CAUSES (B)	injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)				
	DISEASES OR CONDITIONS, if any, giving					
	rise to the abave cause (A) stating the (C)					
	UNDERLYING CONDITION last.					
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
1	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
1	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FIN	NDINGS CONSIDERED			
1	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (					
	☐ 21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY ( OR CONTRIBUTING ☐ CAUSE OF  DEATH (notify medical exomine)  ■ DEATH (notify medical exomine)	e.g., in or obout 21C. WHERE DID (If in Boltimore (et, office bldg., INJURY OCCUR?	City, give exoct locotion)			
1	U	215 HOW DIS TOTAL				
	While At Not	While -				
	Work At	Work U				
	22. I certify that (I) (this hospital) attended the deceased from	MARCH 18 19 65 10 APF	RIL 1 1965			
	that (I) (we) lost sow the deceased alive on APRIL 1	19 65 ond that in (my) (our) apini	on death occurred on the date			
-	and bour and from the couses stated above. (1) (We) (did) (dld n					
	23A. SIGNATURE		DATE SIGNED			
	Manhaul Dyes of M.D.	Attending Med. Stoff Phys.	Chul 2, 1965			
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
		W.D.				
2	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City.	town, or county) (State)			
	Burrol 4/3/63 mt. Olivet B	emeter Baltime. VI	naryland			
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250. FUNERAL DIRECTOR	H ADDRESS			
	APR 5 1965 12.09 D.C. 5-477	Walter timeral Home of rev	4 + Xbreher Ala			
V	/S 150-REV. 1/1/65					

	IRTH NO. 65 3552 CER  A.E. CASE NO. 3552  Vigne of Paint)		DATE AND HOUR OF DEATH	65 3552	
	Norris, Clara PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	4/2/65  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  3302 LIM Ave		
	FULL NAME OF HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN			
3	3 Johns Hopkins Hospital	D. STREET ADDRES			
	SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCEE Married	RIED B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Cone during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	1700SEWIFE 3. FATHERS NAME WILLIAM GRAPE	14. MOTHERS MAI			
	5. Wos Deceosed Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of service)  288-12	Y NO. 17. INFORMANT	ER C. NORRIS	3362 ELM AVE	
	18. I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH  fThis does not meen the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES	(A) DUE TO			
	DISEASES OR CONDITIONS, if ony, giving use to the obave couse (A) stating the UNDERLYING CONDITION last.	DUE TO (C) Mitral Stend	osis	3 years	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hysema			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	ATION 20A. AUTOPSY? (	Yes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?	
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF I	NJURY (e.g., in or obout 21 C. WHER bry, street, office bldg., INJURY O	RE DID (If in Boltimore CCUR?	e City, give exact location)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OC While At Work	CURRED 21F. HOW  Not While At Work	DID INJURY OCCUR?		
	22. I certify that (I) (INSTANCE) attended the decease that (I) (Net lost saw the deceased alive on		19 65 to 4/2 ond that in (my) (3011) opt	1955	
	and hour ond from the couses stated above. (I) (We) (did		r deoth.	238 DATE SIGNED 4/2/65	
	23C. PHYSICIANS NAME (Type)	Phys. Direct	ctor Phys.	4/2/07	
	John F. Bigger, Jr., M.D		Jonkins Hospit		
	4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEN REMOVAL (Specify)  4-5-65 BA2TO	NAT. CEM.		ity, town, or county) (State)	



21D TIME

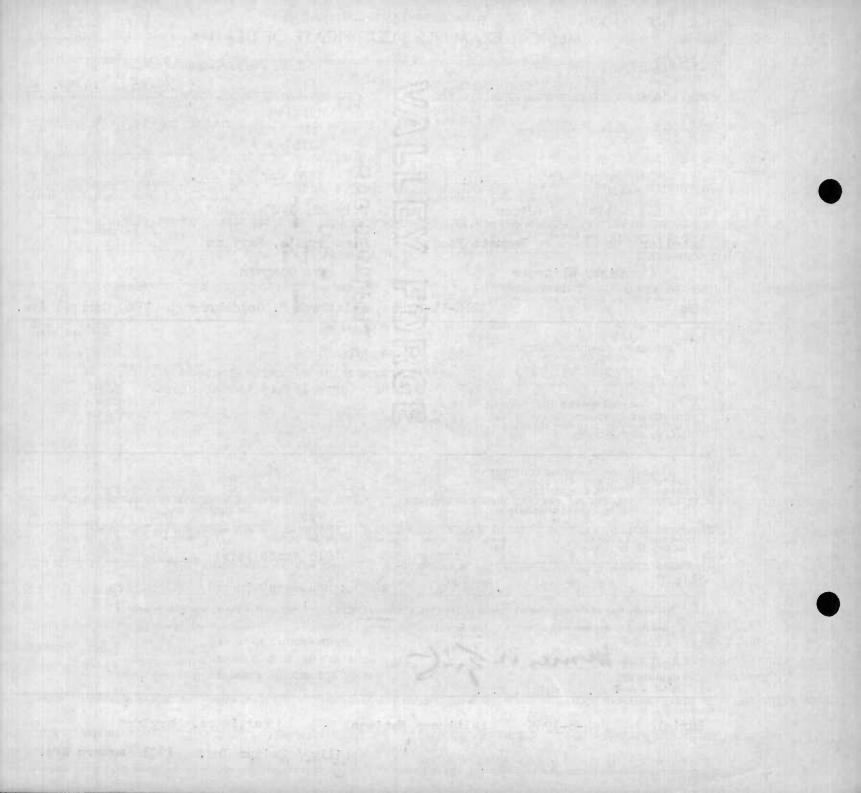
OF INJURY (APPROX.)

ACTUAL

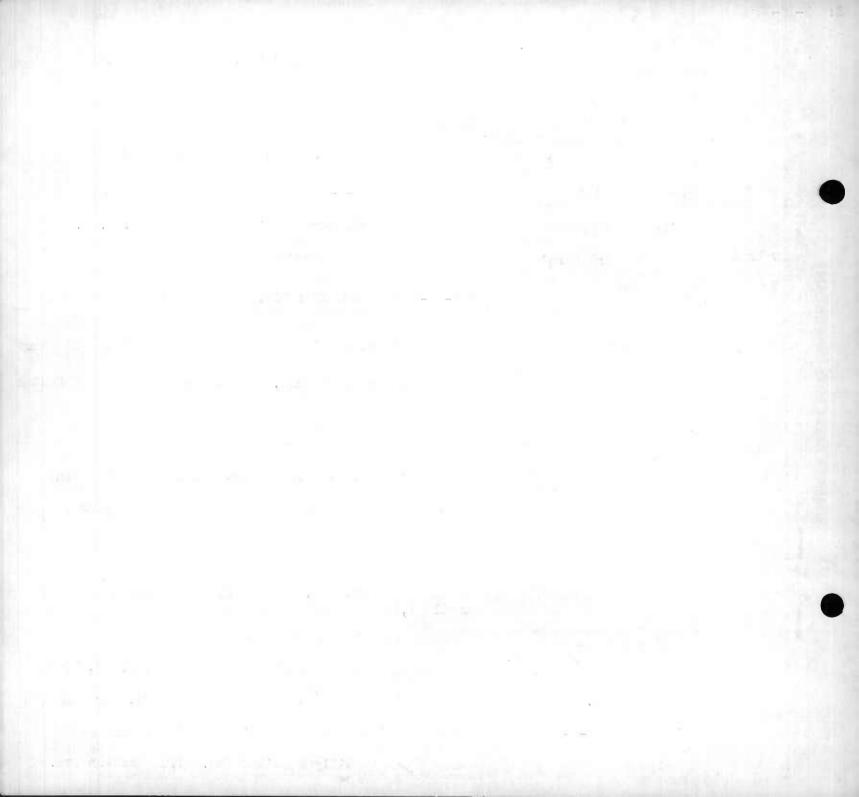
REMOVAL (Specify) Burial

VS 151-REV. 1/1/65

2:40 a. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours , Min. 12. CITIZEN OF WHAT COUNTRY? 7520 Carroll Ave. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg... INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIBstreet Old North Point Rd. 121E. INJURY OCCURRED (Doy) (Hour) NOT WHILE IN passenger in auto which struck culvert 2:05 certify that I held an Inquiry Inspection Autopsy X ond that an this bosis, death in my opinian Accident X Undetermined manner resulted fram: Natural causes Suicide Homicide \_\_\_ CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER X EXAMINER'S NAME (Type) 23A, BURIAL CREMATION, 238- DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (Stote) (City, town, or county) 4-6-1965 Baltimore National Baltimore. Maryland ADDRESS 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 1901 Eastern Ave. Lilly & Zeiler Inc.

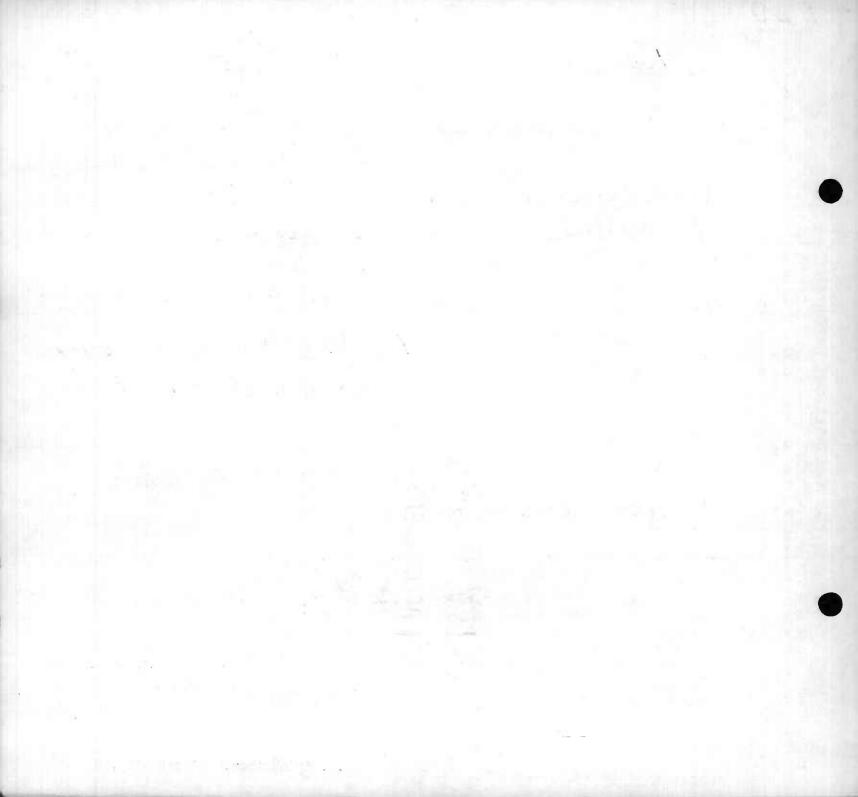


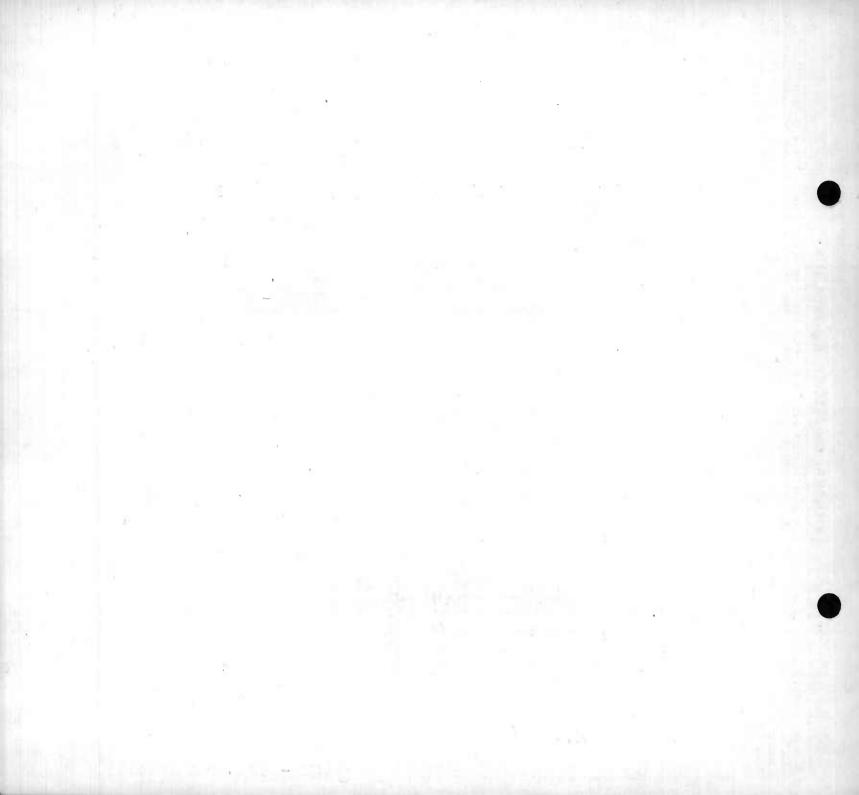
VS 150-REV. 1/1/65



IMPORTANT

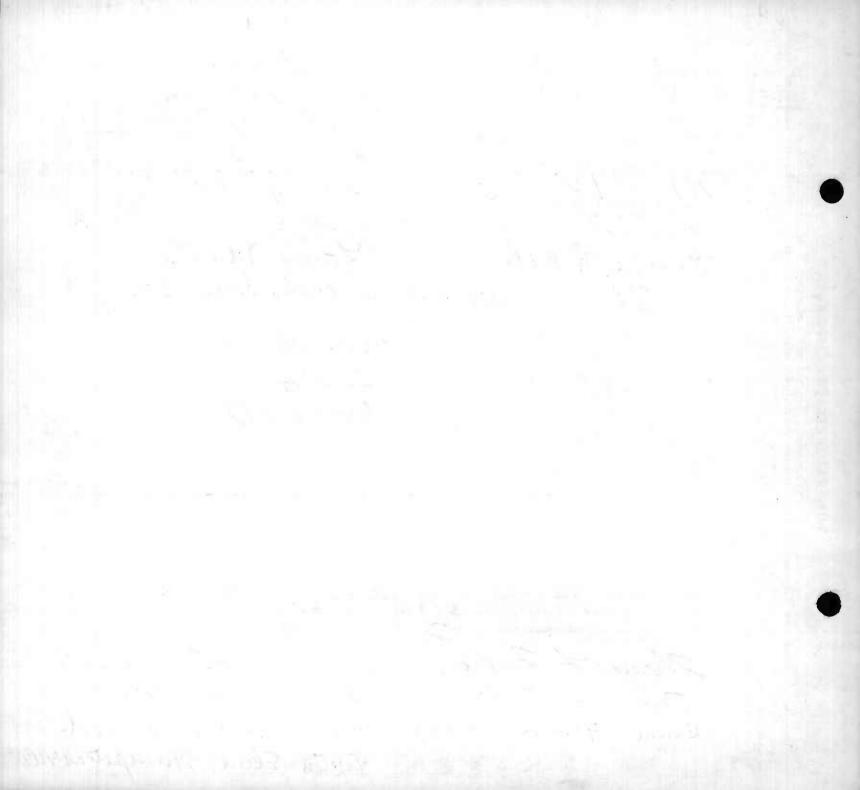
FUNERAL DIRECTOR:





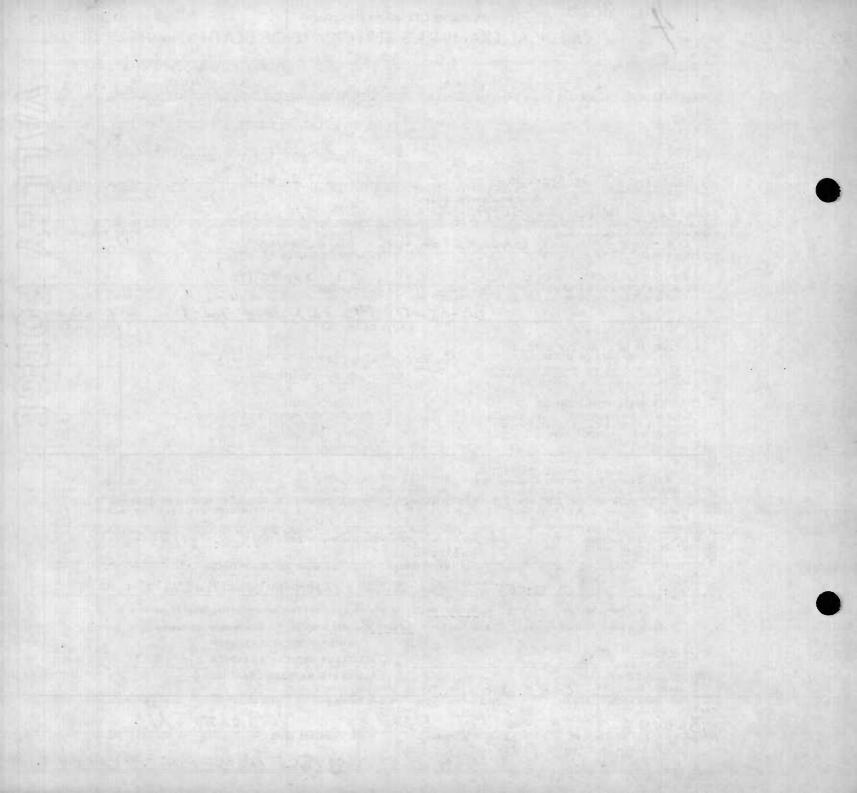
10	11001
C -	hospital and se of death (5) Deceased ance on the death.
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
<b>5</b>	if death lirect or co ; (4) Undete h was in I n the dece
MPORTAR	r his assistanted lso, if the contained and kind ounced death tendance of the contained on the contained lso
ECTOR: 1	examiner of xaminer. A xaminer. A fracture who prono regular at a regular at a eembalm
FUNERAL DIRECTOR: IMPORTANT	ief medical e n medical e dy burns; (3 e physician ician was in
FCN	d by the chi ospital by o ture; (2) Bo t where the 6) No physi
•	be approve ed to the ho nt of any na pital (excep eath); and (
	ficate must was releas ) An accide: A. at a hos! prior to de
	This certi the body shows: (1 was D.O. deceased written a

000	BALTIMORE CITY	Y HEALTH DEPARTMENT		OF OFFI
BIRTH NO. 65 3557	CERTIFICA	TE OF DEATH	Registered Na	65 3557
M.E. CASE NO.  1, NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Print) Leanard RC	20/2	3/	30/10	1805 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Who	ie deceased lived. If in:	stitution; residence before admission
FULL NAME OF (If not in hospital or insti	itution, give street	md. B	alto. Co.	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write R	RURAL and give township)
2- 11-11	1 11-	D. STREET ADDRESS (IF	Md.	53=00
Sinas Hospital of	Daltimore	Not on 1200	rural, give location)	
5. SEX   6. RACE   7. M.	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 His
m w	DOWED, DIVORCED (specify)	1/25/94	lost birthdoy!	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, K lone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foro	gn country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		LAS		USA
3. FATHERS NAME	17	14. MOTHER'S MAIDEN NA		
Leoryz K leal	le le	Laura	Martin	
5. Was Deceased Ever in U. S. Armed Forces? Yos, no or unknownship, yes, give war or dates of s.	ervice) 16. SOCIAL SECURITY NO.	17. INFORMANT	0 11 /	ADDRESS
XIO	220-34-6575	mus clastica.	Sauble - 18	utter /111
18. 4 4 3 X 1	CAUSE	DF DEATH	The Park	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	r	A f.	0	
LEADING TO DEATH (This does not mean the made of dying	(A) DUE TO	15 piraylor	Ineum	01912
heart failuse, asthenia, etc. It means the d	isease,	0 10		
ANTECEDENT CAUSES	(8)	C, V. H		
DISEASES OR CONDITIONS, if any,	DUE TO	1111-	10	
rise to the above cause (A) statin		MNSCV		
UNDERLYING CONDITION iast.				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
U 19A, DATE OF OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFORME  21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY le.g.,	in or about 21C WHERE DID	(If in Baltimore	City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	tii iii boiiiiiose	City, give exect tocowon/
2 21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?	
S (APPROX.)	While At Not Whi	le 🗂		
	Work At Work		10/6	120 10
22. I certify that (I) (this hospital) atte	~ / ~ !	1 ~	19 65 to S	20 19 03
that (I) (we) last saw the deceased aliv	/ _		at in (my) (aur) api	nian death accurred an the da
and have and from the causes stated ab	ave. (I) (We) (did) (did nat)	view the bady after death.		DATE SIGNED
23A. SIGNATURE	M.D. AH	onding Med.	Stoff -	23B. DATE SIGNED
23C. PHYSICIAN'S	Phy Phy	23D. ADDRESS	Phys.	3/30/65
NAME (Type)	0 /	C //	1-60	16 011
1 homas - FE	2/2 MADE OF SEASTERY OF SE	Imai Hos	protect of	valto, Inc
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION ICI	ty, town, or county) (Stole)
Dunca 7-2-60	Jacket 16	1	anen l	o min
25A. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAL	25C. FUNERAL DIRECTOR	in only	eele bilead MI
APR 0 1300 UMO	47 6 5 0	11/31013 74	gece //	1000



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	1	BALTIMORE CITY HEALTH DEPARTMENT 65 3558
11	240	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
H.	VI	M.E. CASE NO.
		1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
		John NICHOLAS HECKL March 30, 1965 2:00 P. M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Mary Land  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	10	INSTITUTION 19
	00	Baltimore  Baltimore  D. STREET ADDRESS (If rurol, give location)
		Baltimole & Onto Rallioad Tard
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
		3 mg/m / 8 / 70
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
		done during most of working life, even if retired)  RETIRED  WHAT COUNTRY?  V. S. A.  WHAT COUNTRY?  V. S. A.
		13. FATHER'S NAME
		NICHOLAS HECKL ELIZABETH
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
		- 10.0 Mar = 1 - 1 - 2 - 2 - 2 - 2
		DIZ-05-41/8 MRS. FLIZABETH FYRES 337 S. GILYICR S. CAUSE OF DEATH INTERVAL BETWEEN
		ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Exsanguination
		(This does not mean the mode of dying, e.g., heart foilure, osthenio, este, il means the disease,
		injury or complication which coused death.)
		ANTECENDENT CAUSES (B)
		DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
		UNDERLYING CONDITION LAST, (C)
		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
		BISEASE OR CONDITION CAUSING IT
		MAS PERFORMED  20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO    ZIA. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
		O UNDERLYING TOR CONTRIB- home, form, foctory, street, office bldg, INJURY OCCUR? FOUND BEO RR Yard
		Railroad yard  Stricker & Cole Streets  21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROX)
		Found: 3 30 65 11:00 WORK AT WORK AT WORK AT WORK AT WORK
		l certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion
		resulted from: Noturol couses Accident Suicide Homicide Undetermined monner
		ACTUAL A5 DATE SIGNED
		SIGNATURE A CONTROL OF ASSISTANT MEDICAL EXAMINER X
		EXAMINER'S ASSOCIATE MEDICAL EXAMINER 3-30-65
		NAME (Type) John E. Adams, M.D.
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
		BURIAL 4-3-61 MT, OLIVET BALTO, MD.
		240. FONERAL DIRECTOR
		APR 5, 1965 Role E. Salver Witter FONERAL DIR 4101 Edmonago K
		VS 151-REV. 1/1/65 A 7 9 //



New Cathedral

24B, NAME OF REGISTRAR

Haltimore Md

Witzke F.D. 4101 Edmondson Ave

4/5/65

24A. DATE REC'D BY HEALTH DEPT.

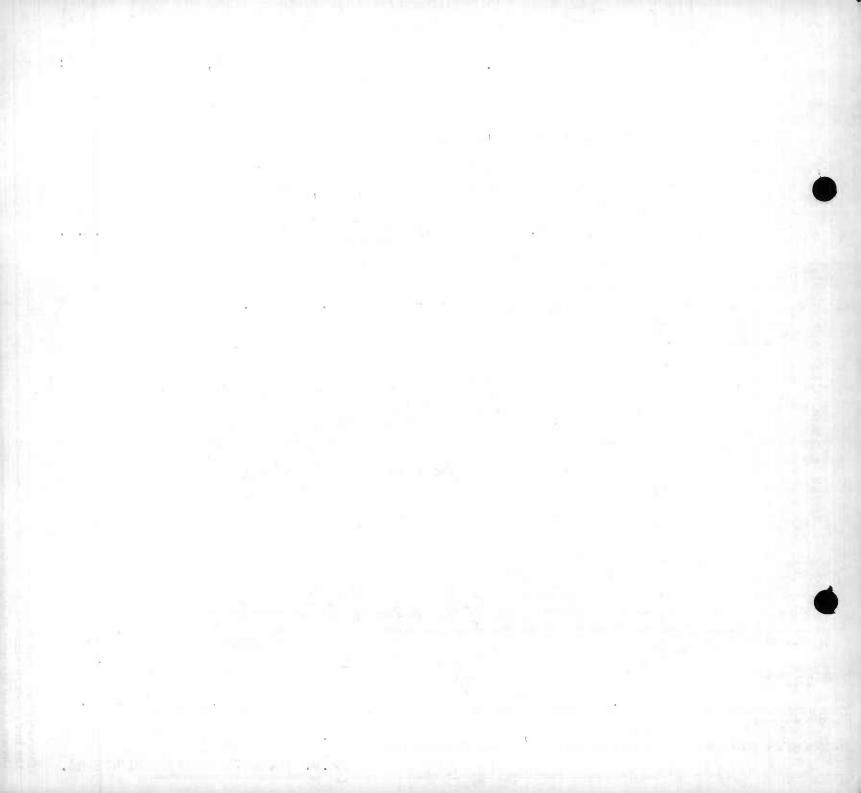
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59946 TO WELL THE MENT OF THE PERSON Ilmoria serberali THE THE PROPERTY MANAGEMENT OF THE PROPERTY OF or his collection in the last the second of the last

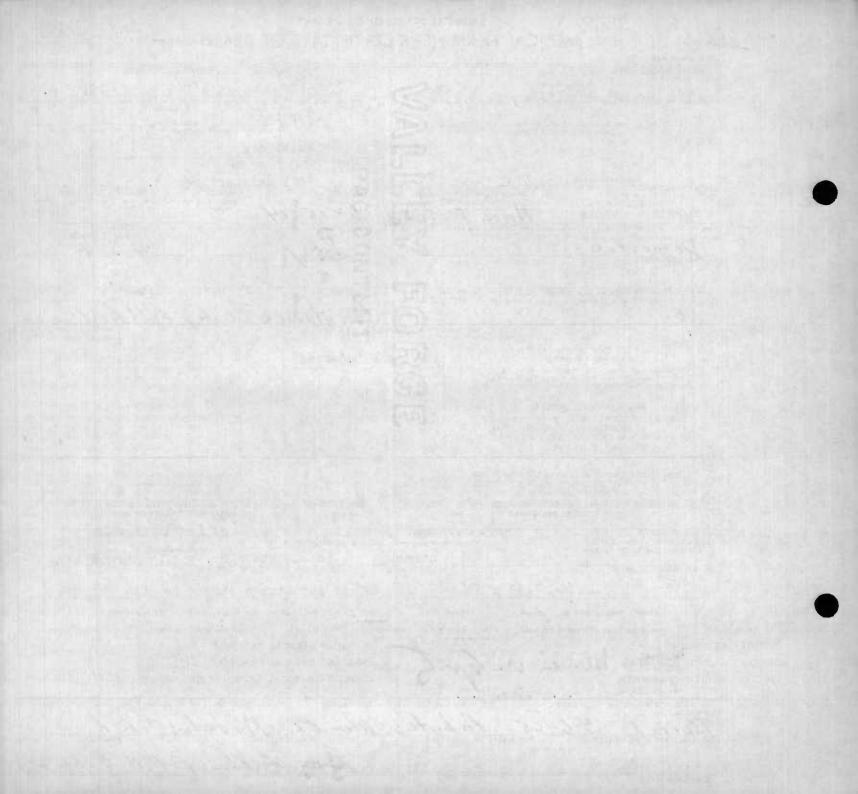
FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CIT	Y HEALTH DEPARTMENT		05 0500
	н но. 65 3560	CERTIFICA	TE OF DEATH	Registered Na	65 3560
1. N	CASE NO.  AME OF DECEASED J. Frank S e or Print)	Schoffeld	2, DATE AN	DHOUR OF DEATH	165T 6 04 A
	LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF (If not in haspitol or institution)		4. USUAL RESIDENCE (Where A. STATE 8. COUN	e deceased lived il luatil	Balto
H	oddress or location) restitution  Flytt Carvalescen yette Nursing Lome,		Baltimore	Iside city limits, write RUI	RAL and give township)
a	yette Nursing home,	E.Fayette St	5 Township Rd		
	Male White Wid	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	10 July .1884	last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
iOA. dane	USUAL OCCUPATION (Give kind of work 108, KINd during most of working life, even if retired)	LASS CO.	11. BIRTHPLA luie or farei		12. CITIZEN OF WHAT COUNTRY?
13. F	Schofield		United ANN	A (MUE	·y)
15. V (Yes,	Nas Deceased Ever in U. S. Armed Farces? ,na ar unknown) (If yes, give war ar dales of ser		Paul Schofiel	1)Anacortes	, washington
	18. 491X I		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Bronchopneumeni		50
7	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, sise to the obove couse (A) sloting UNDERLYING CONDITION lost.	The (C)			
CATIO	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.		120 A ALLTORGY2 (Voc. or No.	208 IE VEC WEDE EIA	IDINGS CONSIDERED
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED		No No	IN CERTIFYING CAUS	ES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDIC	21 D. TIME (Manth) (Day) (Year) (Hauri OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not Who Work  Not Work		URY OCCUR?	
	22. I certify that (I) (this haspital) attention that (I) (we) last saw the deceased alive	on 2 Apr	19 65 and th		TPV 19 6. an death accurred an the
	and haur and fram the causes stated abo	ive. (I) (we) (did) (did not)	view the bady diter death.	2	38, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) J HULLA		thending Med. Director	Staff Phys.	2 Apr 65
		M.C		a yette St &	Balt Mel 21231 town, or county) (Sto
_		Rest Haven Cen		ndale, Ariz	
	DATE REC'D BY HEALTH DEPT. 258, N	AME OF REGISTRAR	Witzke B.D.	4101 Edmond	lson Ave
VS	150-REV. 1/1/65		0 0 0	1	

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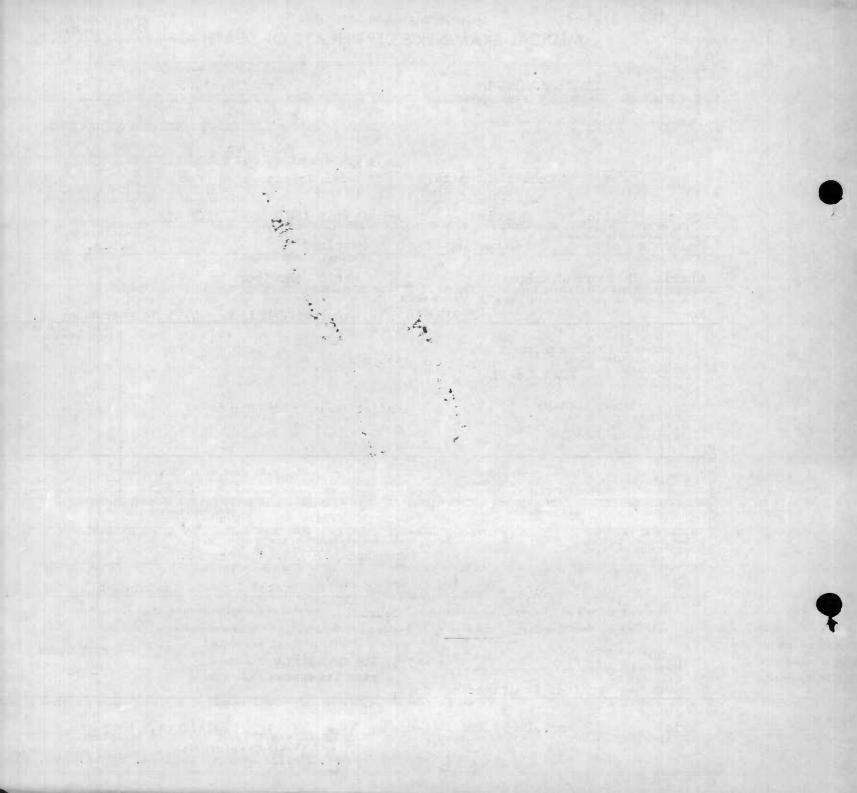


	60	3562		SALTIMORE CITY HEAL				65	3562
BIR	TH NO.	MEDI	ICAL EX	AMINER'S CI	ERTIFICA	TE OF [	DEATH Regis	tered No	-0,0,5
M.	E. CASE NO.								7/12/1
	NAME OF DE	CEASED				2. DATE ANI	D HOUR PRONOUN	CED DEAD	
		CECILI		SPENCER			4/2/6	5	12:05 а. м
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE		deceosed lived. If in	stitution: resident DUNTY	ce before odmission
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	THON, GIVE STREET		laryland	e corporote limits, wr	rite RURAL and	give township)
IN:	SPITAL OR	ADDRESS OR LOCA	(IION)			Baltimor		13	DY
C					D. STREET ADD			10	
1		December 11 and 11 and						D 1	
5.	EX	Provident Hos		NEVER MARRIED	8. DATE OF BIR		sterstown 9. AGE (In year		Yr. If Under 24 Hr
		hamalan	WIDO WED, I	DIVORCED (specify)	1-11	- 111	lost birthdoy)	Months Do	ys Hours Min.
+0.4	female	Colored	TOR KIND OF	BUSINESS OR INDUSTRY	III. BIRTHPLACE	(State or foreign	50	12. CITIZEN	OF
	e during most of	working life, even if retired)			1//	4			COUNTRY?
13.	FATHER'S NAM	AE			14. MOTHER'S A	AAIDEN NAMI		4. )	· N
							791		
15.	WAS DECEASE	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
		(If yes, give wor or date		SECURITY NO.	A	/	71	1811 1	, ,
	NO				CONST	GNCE	Bailey	1428 41	sle AVI
	18.	12 4		CAUSE	OF DEATH				TERVAL BETWEEN NSET AND DEATH
	DISEA	SE OR CONDITION DI		Mul+inl	e injurie				
	(This does	LEADING TO DEATH not meen the mode of	dying, e.g.,	(A)	e mjame				
	heort foilure	, osthenio, etc. It meons mplication which coused	the disease, death.)					8 5 1 1 1	
		ANTECENDENT CAUSE	c						
		OR CONDITIONS, IF A		(8)DUE TO					
	RISE TO TH	TE ABOVE CAUSE (A) ST							
z				(C)					
CATION		ll l							
0	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						
ERTIFI		R CONDITION CAUSING		WILLIAM OPERATION		va (V N-)	DOD IF YES WERE	FINDINGS CON	CIDERED
CE	IYA. DATE O	F OPERATION 198. CON		WHICH OPERATION	yes yes	1: (162 01 140)	IN GERBEYING CA	USES OF DEAT	H?
AL	21 A. EXTERNA	L CAUSE WAS	21 R	PLACE OF INJURY (e.g.,		and the second			
S	UNDERLYING	SE OF DEATH.	home etc.)	, form, foctory, street, o	ffice bldg., INJUI	RY OCCUR?	211/1	5	100
MEDI				street	Rei	stersto	wn Rd. and	Lynnbro	ok Ave.
	OF INJURY	(Month) (Doy) (Yeor		IE. INJURY OCCURRED					
	(APPROX.)	4 1 65	7:53 p	VHILE AT NOT	WHILE X DE	edestria	n struck by	y car	
	22. I cer	tify that I held on I	nquiry 🗌	Inspection Aut	apsy K or	nd that an thi	is basis, death in	my apinian	
	resu	Ited from: Natural ca	uses A	ccident X Sulcid	e Hamle	ide 🗌 🛮 l	Jndetermined mar	ner 🗌	
7				-	CHIEF	MEDICAL EX	AMINER -	TREE CO.	
	ACTUA		11	61 "	ASSISTANT A	MEDICAL EX	AMINER -		DATE SIGNED
	SIGNAT			M.D.	ASSOCIATE			1./:	2/65
	NAME		Spitz.	M.D.				4/	_, _,
	MOVAL (Speci			C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (C	ity, town, or cour	nty) (Stote)
KE	R. C. Speci	1 4-1-	65	Arbutus	Illem A	194 1	1 budge	in	1
24	A. DATE REC'E	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	1 14163	ADD	DRESS
		APR 5 1985	R.C.	JE, Jakey Mill	M.	M	V/ 13	1011	0.11 -
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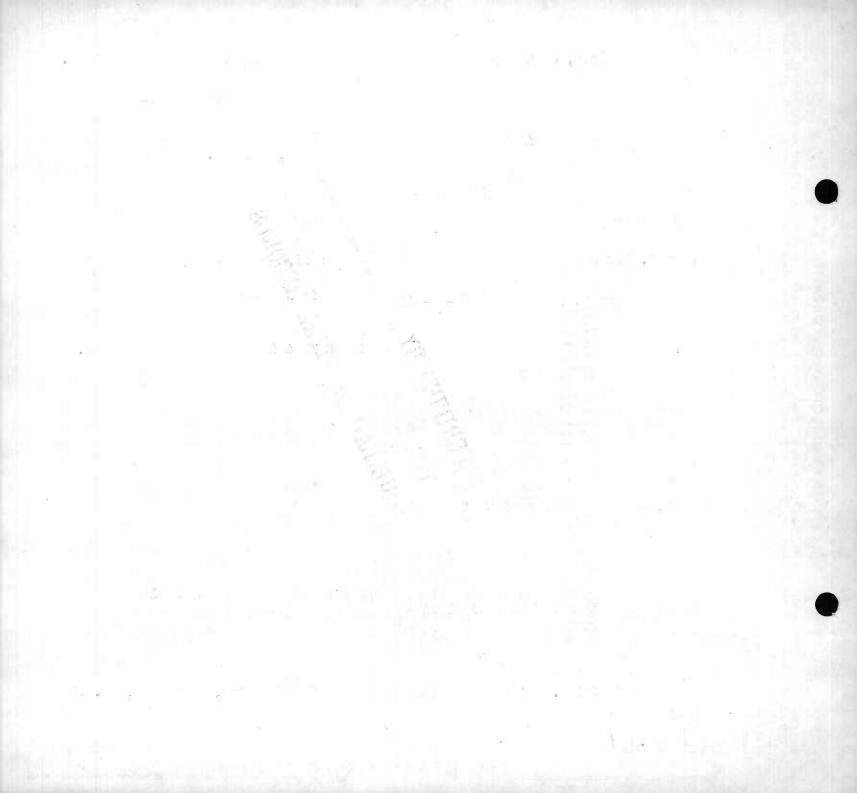
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M.E. CASE NO.									
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16				D STREET AD	Baltim DRESS (If rurol,				Man.
	Maryland G	norol U	ocnital			town Road			
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injury or co	mplication which coused	deoth.)							
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	OR CONDITIONS, IF A		DUE TO						************
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<u> </u>			(C)						
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OTHER SIG TO THE DISEASE O	R CONDITION CAUSING		WHICH OPERATION	20A ALITOP	SV2 (Yes or No)	20B. IF YES, WERE FI	NDINGS CO	NSIDERED	
8	WAS PER		THE O'EKAHON	Ye		IN CERTIFYING CAU			
Z 21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			If in Boltimore City, gi			
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22.	tify that I held on I	ngulry 🗌	Inspection Aut	apsy X a	nd that on thi	s basis, death in r	my opinlon		
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	BY HEALTH DEPT.		OF REGISTRAR	AC. TUNI	RAV DIRECTOR	1		DDRESS	
	APR 5 1965	Rolling	J. E. Starbury	1.5	James 0	Monumen -	Pk. He	ghts. A	ve. #
VS 151-REV. 1/1/	165 N 9 2 =	0							



IMPORTANT

FUNERAL DIRECTOR:



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BIKIH NO. OC	CERTIFICAT	E OF DEATH	Registered No.	00 3363
M.E. CASE NO.  1. NAME OF DECEASED .		2. DATE AND	HOUR OF DEATH	
Tune or Printle	2 sattre	200	1 2 191	51 2:00
PAULINE K. RA B. PLACE OF DEATH IN BALTIMORE, MARYLAND	29A1/45	4. USUAL RESIDENCE Where	deceased lived. If instituti	5 2:00 p
		A. STATE B. COUNTY	1	0 115
FULL NAME OF (If not in hospital or institution		MARY GNO		Dallo
HOSPITAL OR oddiess or location)	1 +1	C. CITY OR TOWN (If outside	e city limits, write RURA	L ond give township)
I UNION Memorial	Hospital	1430. 五	BALTIMORE	53-00
1 "11 -	/ /	D. STREET ADDRESS (If rur	ol, give location)	,
BALTIMORE, MARY	16NX	1930 E.	JODDA RI	1
				Under 1 Yr. , If Under 24
F (Ch. 1 m 5 (2-))	WED, DIVORCED (specify)	1/29/00	t bithdom Mo	nths Doys Hours Mi
0A. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY I	1. BIRTHPLACE (Stote or foreign	country) 112	CITIZEN OF
one during most of working life, even if retired)		/		WHAT COUNTRY?
Housewife -		LithUANIA		AMERICAN
3. FATHER'S NAME	1.	4. MOTHER'S MAIDEN NAME		
Kousha CUNKNOO	11/	7	Marian	
15, Was Deceased Ever in U. S. Armed Forces?		7. INFORMANT	KNOWN	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of services)		1 / A		WDDKE22
No	NOME	NOSD. ISE	ORDS	
1B. // 20 /	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		, , ,	, ,	ONSET AND DEATH
LEADING TO DEATH	CEDE	heal Theon h	2518	4
(This does not mean the mode of dying,	e.g.,			
heart failure, asthenia, etc. It means the disectiniury or complication which coused death.)	ase,	1.	'/	
	Conq	estive Heart	FAILURE	
ANTECEDENT CAUSES	DUE TO	A		h.
DISEASES OR CONDITIONS, if any, giv	ing Ar. 7	brak Thromb estive Heart Erioscherotie	Pag Sinnese	las Ducas
rise to the above cause (A) stating	me (C) ///	TICIO DE LECTO I LA	Character	(10-00
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive cond haur and from the causes stated above 23A. SIGNATURE CONTRIBUTION MARKET OF THE CONTRIBUTION AND CAUSE OF DEATH (Specify)  24A. BURIAL CREMATION, 24B. DATE CAUSE OF DEATH (Specify)	TING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office etc.)  21E. INJURY OCCURRED  While At Not While At Work  and the deceased from 2  B. (I) (We) (did) (did not) vie  C. MILLAN M.D.  C. NAME of CEMETERY OF CREM	20A. AUTOPSY? (Yes of No) or obout 21C. WHERE DID the bidg., INJURY OCCUR?  21F. HOW DID INJURY 19 19 19 19 Ond that the body ofter deoth.  ATORY 24D. LOCAL	20B. IF YES, WERE FINDIN CERTIFYING CAUSES  (If in Boltimore City  Y OCCUR?  In (my) (aur) opinion  23B  RIAL HOSPIT	NGS CONSIDERED OF DEATH?  , give exact location)  Z 19 death occurred on the state of the state

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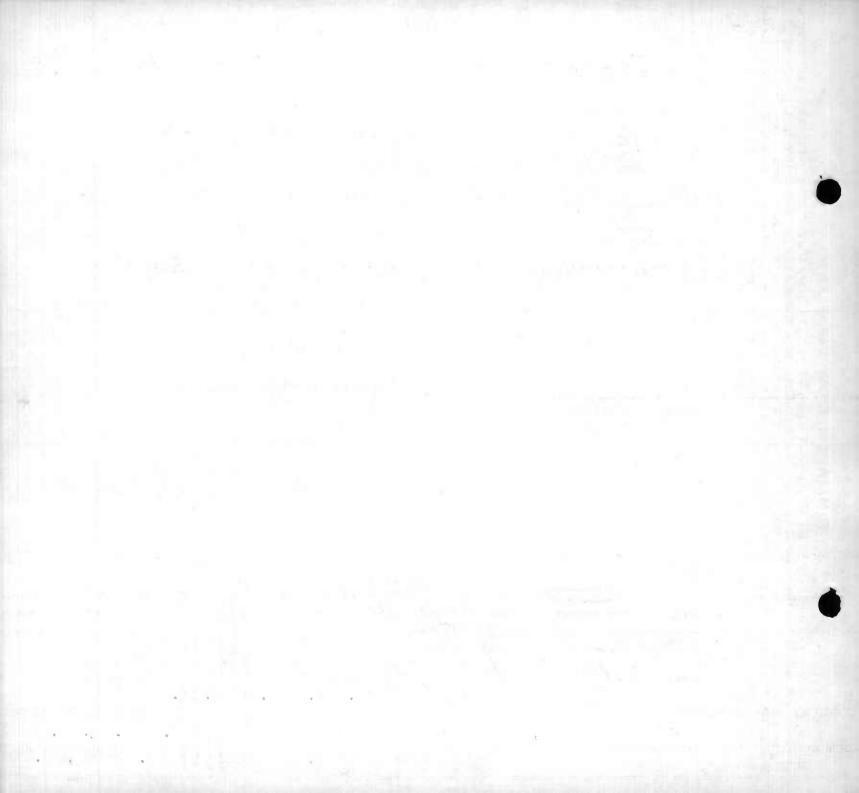
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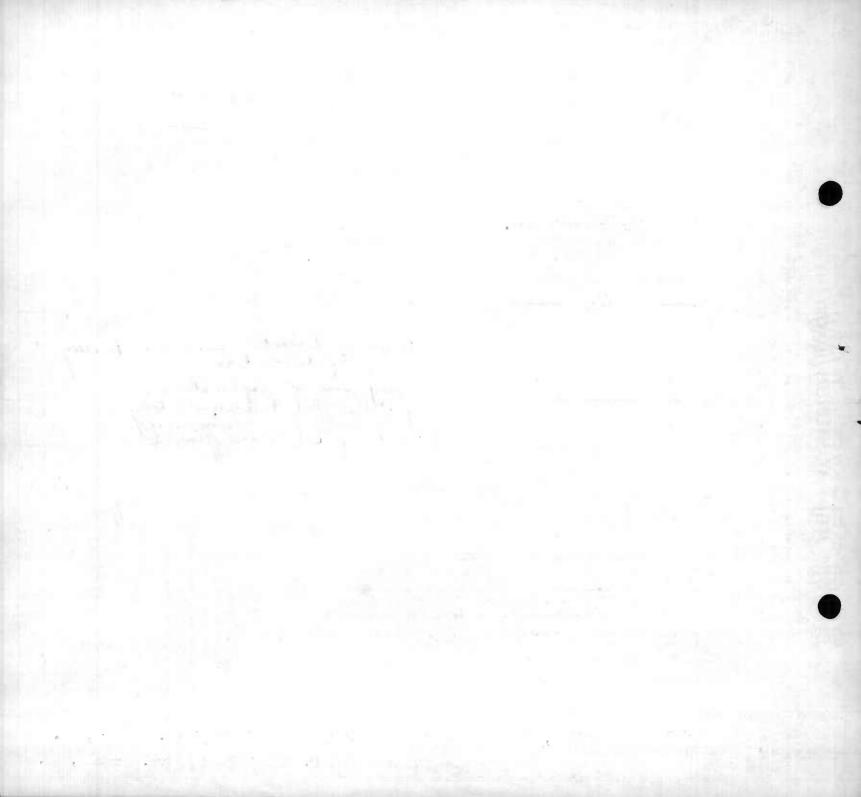
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



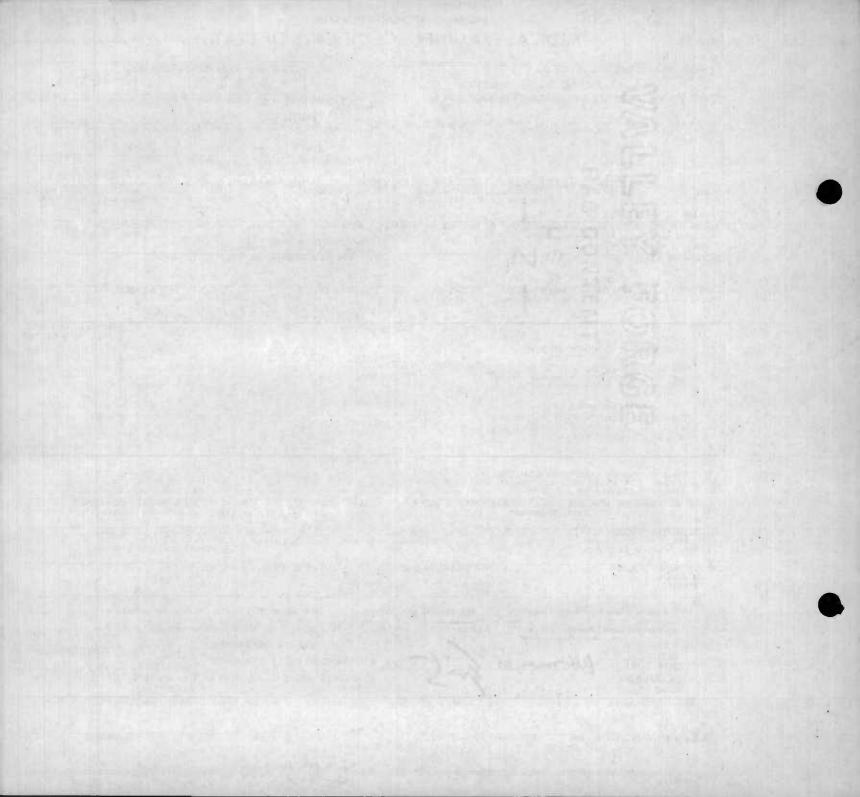
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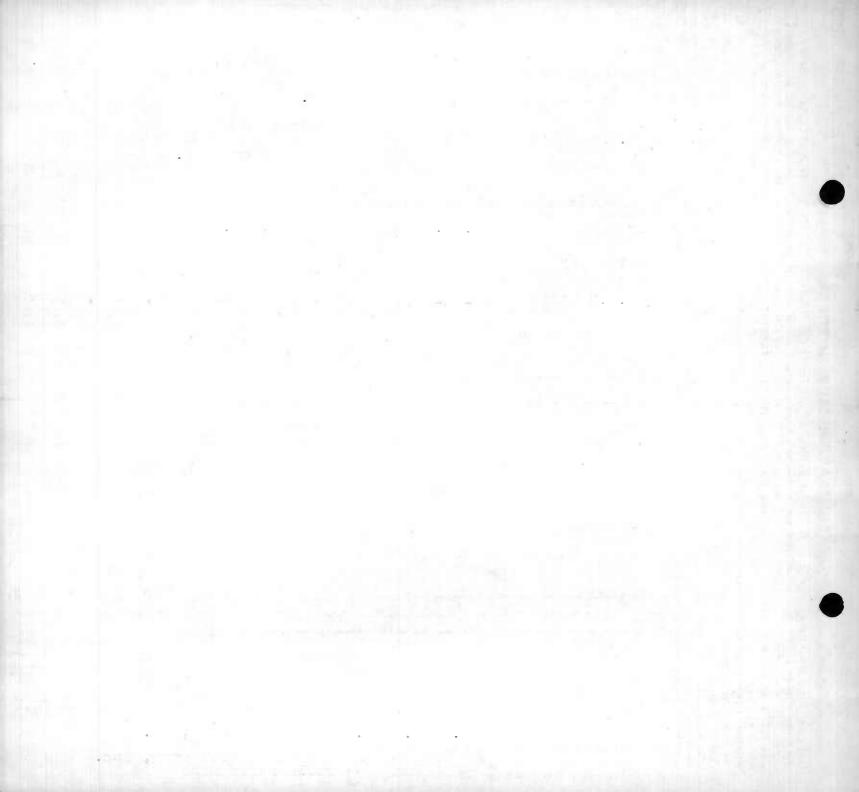


65 3568

BIRTH NO. ME	DICAL EXAMINER'S	LEKTIFICATE OF DEATH Regi	stered No.
M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print) Frank	A. Herr	2. DATE AND HOUR PRONOUL	9:30 a. M.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If i A. STATE B. C	institution: residence before admission)
FULL NAME OF (IF NOT IN HOS	PITAL OR INSTITUTION, GIVE STREET	Maryland	
HOSPITAL OR ADDRESS OR LO	CATION)	C. CITY OR TOWN (If outside corporate limits, v	rite RURAL and give township)
1/		Baltimore	10 7
46		D. STREET ADDRESS (If rurol, give lacotion)	
Lutheran Hos	7. MARRIED, NEVER MARRIED	B. DATE OF BITH 9. AGE (In year	ors   If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	9/21/1908 lost birthday	Manths Doys Hours Min.
male white	WIDOWP	RY11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
dane during most of working lile, even if retire		B. IT. Md.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
toses 6 HOR	n	Many Water	
15. WAS DEGEASED EVER IN U.S. ARA		17. INFORMANT TTO YALE AVE	ADDRESS (29)
(Yes, no or unknown) (If yes, give wor or	dotes of service) SECURITY NO.	MRS. NANCY S. HAMM	THE COLUMN
118.	CAU	SE OF DEATH	INTERVAL BETWEEN
5.67.0			ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	ATH Cir	rrhosis of Liver	
(This does not mean the mode heart failure, asthenio, etc. It me injury or camplication which caus	eans the disease,		
ANTECENDENT CA	USES		
DISEASES OR CONDITIONS, I	F ANY, GIVING DUE TO		
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LA	ST.		TO SELECT ON THE SECOND
Z	(C)		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A, DATE OF OPERATION 19B, C WAS	RELATED TO THE		
DISEASE OR CONDITION CAUS	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	
	PERFORMED	no IN CERTIFYING C	AUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	, give exoct location)
7	Year) (Haur) 21E, INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NO	T WHILE	
22,	m. WORK L AT	WORK U	
1 certify that 1 held an	Inquiry Inspection A	Autapsy ond that on this bosis, death	n my opinion
resulted from: Natural	couses X Accident Suic	ide Homicide Undetermined mo	nner
ACTUAL 1.11	/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE NO	men 1. 4 ( . M.	D, ASSISTANT MEDICAL EXAMINER	4/2/65
EXAMINER'S NAME (Type) W.U. S	Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER X	
23A. BURIAL CREMATION, 23B. DATI	23C. NAME OF CEMETERY	Y or CREMATORY 23D. LOCATION	City, town, or county) (Stote)
BuriAL 4/31	1965 New CAThe	SEAL CEM. BALTO.	Md.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
APR 5 19		G. TRUMAN Sch.	wab V
VS 151-REV. 1/1/65	7 9 9 9	3572 FRE'SERICK	Ave. (29)



BIRTH NO.  M.E. CASE NO.  1. NAME OF I	ECEASED	CERTIFICA		AND HOUR OF DEATH	1
(Type or Print)  3. PLACE OF	HOWAR	D ROBERT ORYE	4. USUAL RESIDENCE (		5 4:30 p.
FULL NAM HOSPITAL (	R address or lacation	or institution, give street n)	Md.		RURAL and give township)
41	St. Joseph	's Hospital	D. STREET ADDRESS	(If rurol, give location) Clmora Ave.	
5. sex	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH 3/8/19	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mit
	of working life, even if retired)	B & O R. R.	Shenandoah		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	George Orye	1	14. MOTHER'S MAIDEN Lillian		
15. Was Deced (Yes, no or unkn	sed Ever in U. S. Armed Fo	es of service) SECURITY NO.	17. INFORMANT Margaret N	AcDonald Or	ye, wife, a bove
(This doe	EASE OR CONDITION DI LEADING TO DEATH s nol meon lhe mode of re, osthenio, etc. Il meon	RECTLY  dying, e.g.,  DUE TO	to Mycarbu	1 parks	INTERVAL BETWEEN ONSET AND DEATH A A A A A A A A A A A A A A A A A A
DISEASE:	ANTECEDENT CAUSE:  OR CONDITIONS, if the obove couse (A) ING CONDITION lost.	d deoth.)  (8)  DUE TO  any, giving		/	/
E TO THE	GNIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE		وفاليرب	
19A. DATE	OF OPERATION 198. COI	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING [ RIBUTING CAUSE OF offy medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21C. WHERE DI affice bldg.		ore City, give exact location)
21 D. TIME OF INJUR (APPROX.)		White At Not Work At Wo	nite S	INJURY OCCUR?	
that (I) (	we) last saw the deceas	ed alive an	19 65 and		pinian death accurred an the
gád hour 23A. SIGN 23C. PHYS NAM	ATURE PI	D. 1 - W	ttending Med. Director  23 D. ADDRESS	Stoff Phys.	23BOATE SIGNED
24A. BÜRIAL REMOVA Buri	L (Specify)	24C. NAME of CEMETERY of C	REMATORY 24	Baltimore,	
25A. DATE RE	APR 5 1965	25B. NAME OF REGISTRAR	Schimunek 3831-E	Funeral Ho	ome, Inc.



VS 150-REV. 1/1/65

- -OF SEL Exercise 11 , The Land Street THE 6'11/17 20 8/2/14 WILLIAM SEL ... WHEET, HE I . . LINE

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APR 5 1 VS 150-REV. 1/1/65

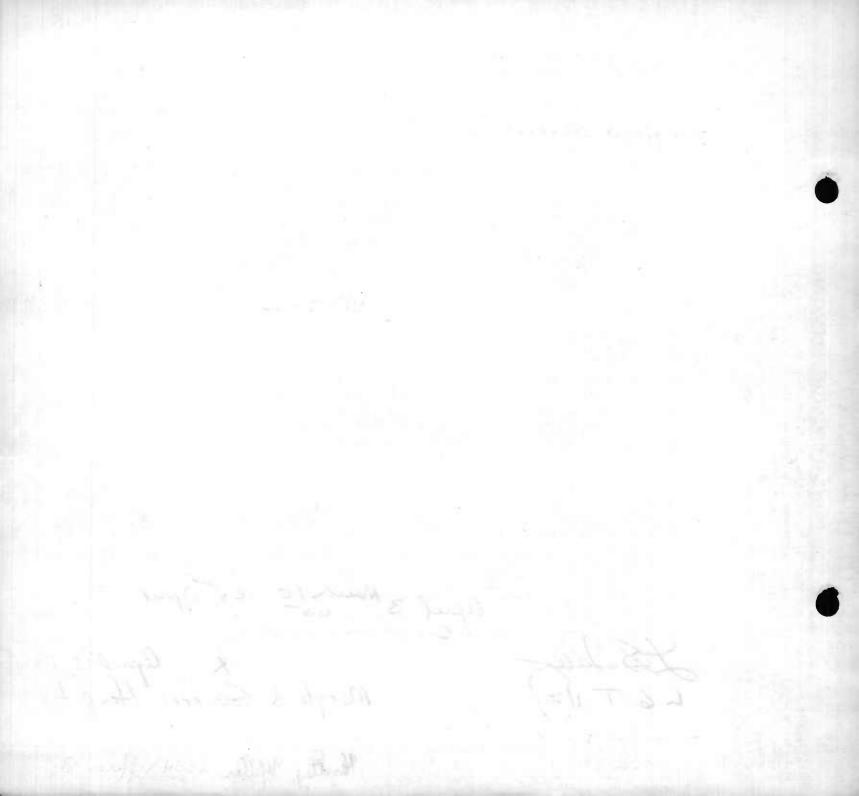
BIRTH NO.	CE 9	5774			TE OF DEA		Registered N	le. 65	5 357	1
M.E. CASE NO.	65 3	1)/1		CERTIFICA						
Type or Print Am							HOUR OF DEA	тн		
Lant.	IMER, GEOR	GE FRANK	ILIN		. A	pril 2	2, 1965		11:10	A
LACE OF DEA	TH IN BALTIMOR	E MARILAND			11.00	COUNTY	deceosed lived.	II institutio	n: residence befo	re odmiss
FULL NAME O		spitol or institut	ion, give	street	Pennsylva	nia		V	-30	
HOSPITAL OR	oddress or				C. CITY OR TOWN	(If outsid	e city limits, wr	te RURAL	ond give towns	nip)
	ldministra		pita	1	Marietta					
	Raven Bou				D. STREET ADDRESS	(If rure	ol, give location)			
	Maryland				E. Hazel					
Male	6. RACE	WIDO		VER MARRIED IVORCED (specify)	3/25/10		AGE (In years t birthdoy)	If U	nder 1 Yr. II L hs Doys Hour	Inder 24 s Mir
			D OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign		12. 0	CITIZEN OF	V 2
Machine (	working life, even if re		unkn	OT PO	D7 of morri 77 o	Dans	teres from			17
3. FATHER'S NAM			unkn	OWII	Blairsville			8.	U.S.A.	
		1								
Charles I		10.00			Margaret R					
Yes, no or unknown	(If yes, give wor	ied Forces? or dotes of servi	ice) 16.	SECURITY NO.	VA Hospita	1 Reco	ords		ADDRESS	
Yes	3/25/43	- 12/19/	الملا :	159-12-5025	Baltimore,			218		
18. 0 0	7.11	, . ,			OF DEATH				INTERVAL BE	
DISEAS	E OR CONDITIO	N DIRECTLY							ONSET AND	DEATH
	LEADING TO DE	EATH		A Resp	iratory fail	ure				
rise to the UNDERLYING	OR CONDITIONS Obove couse CONDITION 10	(A) stating st.	the	(C)					0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****
E TO THE D	EATH BUT NOT	RELATED TO		Tubercul	osis, Pulmona	ary,	Activity	quest	ionable	
19A. DATE OF	OPERATION 198	CONDITION F	OR WHI	CH OPERATION	No No	s or No)	OB. IF YES, WE NO CERTIFYING	RE FINDIN CAUSES O	GS CONSIDERED	)
OR CONTRIBU	TING CAUSE O	ING	21 B. PLA home, f	ACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. WHERE strice bldg., INJURY OCC	DID CUR?		more City,	give exoct locoti	on)
21D. TIME	(Month) (Doy)	(Yeor) (Hour)	21 E. IN.	JURY OCCURRED	21 F. HOW D	ID INJUR	Y OCCUR?			
(APPROX.)			While A	Not Whi						
22 1	the officer	- '1-1\ 1			and the second second	**	65	Tree	2md	61
22. I certity	that (V) (this ho	spital) attend	ed the d	deceased from	March 10 th	19			2pd	19 6
that (I) (we)	last saw the de	ceased alive	on	PDITT SUG	19 65	and that	in (my) (aur)	apinion d	eath accurred	an the
		s stated abov	e. /1) (Y	(e) (qid) (qid hon)	view the bady after a	death.				
23A. SIGNATU	RE							23 B, C	ATE SIGNED	
				M.D. Att	ending Med.	Sto Ph	y s. X	),	/2/65	
23C. PHYSICIA		LIM	11		23D. ADDRESS					
NAME (T	pel / CU	May I	(4)	mono M.D.	VA Hospital			-	Boulevar	d
ROBERT	DISTMONE	- 1			Baltimore	Mary	rland 2	21218		
				AL CEALETERY CO						10.
REMOVAL IS	pecify)			of CEMETERY OF CR	EMATORY				n, or county)	
Removal	al Apr.	3,1965	Sil	lver Spring	gs Cemetery				o, or county) S, Penna	
REMOVAL IS	al Apr.	3,1965	Sil		EMATORY	S:	ilver Sp	rings		S

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Foliat M. O. Sinson

2. PLACE OF DEATH IN BALTIMORE, MARKLAND  BULL NAME OF III not in hospital or institution, give sixed Hospital or oddess or locolon)  Mary and General Hospital or institution, give sixed Hospital or oddess or locolon)  Mary and General Hospital or institution, give sixed Hospital or oddess or locolon)  Mary and General Hospital or institution, give sixed Hospital or institution, give six	Type to RETURN STOCKED AND STOCKED AND STOCKED STOCKED TO STATE OF DEATH IN EARTHMORE, MARTLAND  A. USUAL RESIDENCE When deceased lived, il institution, residence before oddes a STATE COUNTY  FULL NAME OF 18 notes in location institution, give street of the country of the cou	M.E CASE NO.	05 35/6	CERTIFIC	ATE OF DEATH	Registered Na	00 3012
BULL NAME OF Ill not in hospital or institution, give sheet oddiess or location)  MATTYPE OF THE STRAIL OR coddiess or location)  MATTYPE OF THE STRAIL OR coddiess or location)  MATTYPE OF THE STRAIL OR coddiess or location)  S. SEX C. RACE   7. MARRIED, NEVER MARRIED   0. STREET RODRESS (II Inflo, give location)  312 S. FORCUL S.  S. SEX C. RACE   7. MARRIED, NEVER MARRIED   0. STREET RODRESS (II Inflo, give location)  312 S. FORCUL S.  MATTYPE OF THE STREET OF STREET OR STREET OF STREET OR	FULL NAME OF HIS PARTICLE OF H	(Type or Sint	VEN STEFA				1:15 A
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDDWED, DIVORCED (specify)  NOT YELD  8. DATE OF BIRTH  9. AGE (in yrors lost bimhopy)  104. USUAL OCCUPATION (Give kind of work)  106. BIRTHPLACE (Stole or foreign country)  107. CITIZEN OF WHAT COUNTRY?  WHAT COUNT	S. SEX   S. RACE   7, MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE in years lest bishday or lest bishd	FULL NAME HOSPITAL OR	OF (If not in hospital oddress or locatio	or institution, give street	A. STATE B. COUNTY OF TOWN (IF OF BALTYMORE) D. STREET ADDRESS (IF	itside city limits, write RI	26-05
13. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard follow, shering include, ostenic, etc. It meens the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION Side in the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION OST.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO.  OTHER SIGNIFICANT CONDITION Side in the disease, injury or cample cause (A) stating the UNDERLYING CONDITION Side in the disease, injury or cample cause (A) stating the UNDERLYING CONDITION Side in the disease, injury or cample cause (A) stating the UNDERLYING CONDITION Side in the disease, injury or cample cause (A) stating the UNDERLYING CONDITION Side in the disease, injury or cample cause (A) stating the UNDERLYING CONDITION Side in the disease of the d	13. FATHERS NAME  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armad Forces?  16. SOCIAL SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does nol mean line mode aid dying, e.g., heart failure, osthemic, etc., It means the disease, injury or campliculian which coused death,)  ANTECEDENT CAUSES  DISEASE OR CONDITION Isi.  ANTECEDENT CAUSES  DISEASE OR CONDITION S. (I any, giving rise to the bove cause (A) stoling the UNDERLYING CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION S. (I any, giving rise to the bove cause (A) stoling the UNDERLYING CONDITION CAUSING IT.  DISEASE OR CONDITION S. (I any, giving rise to the box of the box of the condition of the DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION S. (I any, giving rise to the box of the box of the condition of the DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH?  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CAUSE OF DEATH RULL NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CAUSE OF DEATH?  DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR	ALC	6. RACE	WIDOWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Min
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   16. SOCIAL SECURITY NO.   17. SECURI	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.   INFORMANT   ADDRESS   17   Security No.   INFORMANT   ADDRESS   18.   INTERNAL BETWEEN   ONSET AND DEATH   ONSET AN				0.0 1	ign country)	WHAT COUNTRY?
SECURITY NO.   SECU	SECURITY NO.   SECU	13. FATHER'S NA		w	0 0	1	
OSET AND DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the doaye cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION ACRISING IT.  10 A.Date of Operation  11 PA. Date of Operation  12 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical examine)  21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID (II in Boltimore City, give exact location)  12 D. TIMME (Month) (Day) (Year) (Hour)  21 E. INJURY OCCURED  21 F. HOW DID INJURY OCCUR?  While At Work  At Work  21 F. HOW DID INJURY OCCUR?	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heatt foliure, astheria, etc. II means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stoting the UNDERLYING CONDITION Issl.  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  103. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED WAS PERFORMED WELL OF CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OF INJURY (e.g., in or about 2) C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OF INJURY (e.g., in or about 2) C. WHERE DID INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING WHICH OPERATION WAS PERFORMED WHICH OPERATION WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 2) C. WHERE DID INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING WHICH OPERATION WHICH OPERATION WHICH OPERATION WAS UNDERLYING CAUSE OF INJURY (e.g., in or about 2) C. WHERE DID INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING WHICH OPERATION WHICH OPE	(Yes, no or unknow			Also Frieda	F. Maturale	- 3125. Folcad
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not Work   At Wor	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examines)   OF INJURY (e.g., in all about 21C. WHERE DID (III in Boltimore City, give exact location)   DEATH (notify medical examines)   21B. PLACE OF INJURY (e.g., in all about 21C. WHERE DID (III in Boltimore City, give exact location)   DEATH (notify medical examines)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)   White At   Not White   At Work	(This does heart failure injury ar ca	LEADING TO DEATH not mean the made of particular and the made of particular which coused ANTECEDENT CAUSES	dying, e.g., DUE TO  the disease, death.)  (B)  DUE TO	yourdral i	nfasetron	2 mos
OF CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  (APPROX.)  121B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID (II in Boltimore City, give exact location)  (II in Boltimore City, give exact location)  (II in Boltimore City, give exact location)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURED  While At Work  At Work	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Work  22. I certify that (I) (this hospital) attended the deceased fram  19 6 and that in (my) (aur) apinian death accurred an the	OTHER SIGN TO THE DISEASE OF	IG CONDITION Ideal,  II  VIFICANT CONDITIONS OF THE PROPERTY O	CONTRIBUTING ATED TO THE IT. ADITION FOR WHICH OPERATION	,	o) 208. IF YES. WERE F	NDINGS CONSIDERED SES OF DEATH?
White At Not White At Work	White At Wark  22. I certify that (I) (this hospital) attended the deceased fram  1965 to Optil 3 196  that (I) (we) last saw the deceased alive an Armonia attended to the deceased fram 3 1965 and that in (my) (aur) apinian death accurred an the	OR CONTRIE	BUTING CAUSE OF	home, form, factory, street,	, in at about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
	that (1) (we) last saw the deceased alive an	DEATH (not					
and have and from the causes stated above. (1) (Ve) (II) (did nat) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. Staff  Opril 3 186		21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and haur ai 23A. SIGNAT	y that (1) (this hospita a) last saw the decease and fram the causes sta	White At Not We At Work  I) attended the deceased fram 3 and alive an Ated abave. (I) (Ve) (Gid) (did nat)	Moule 16  19 6 5 and the view the bady after death.	1965 to Openat in (my) (aur) apin	
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BALTIMORE CITY HEALTH DEPARTMENT



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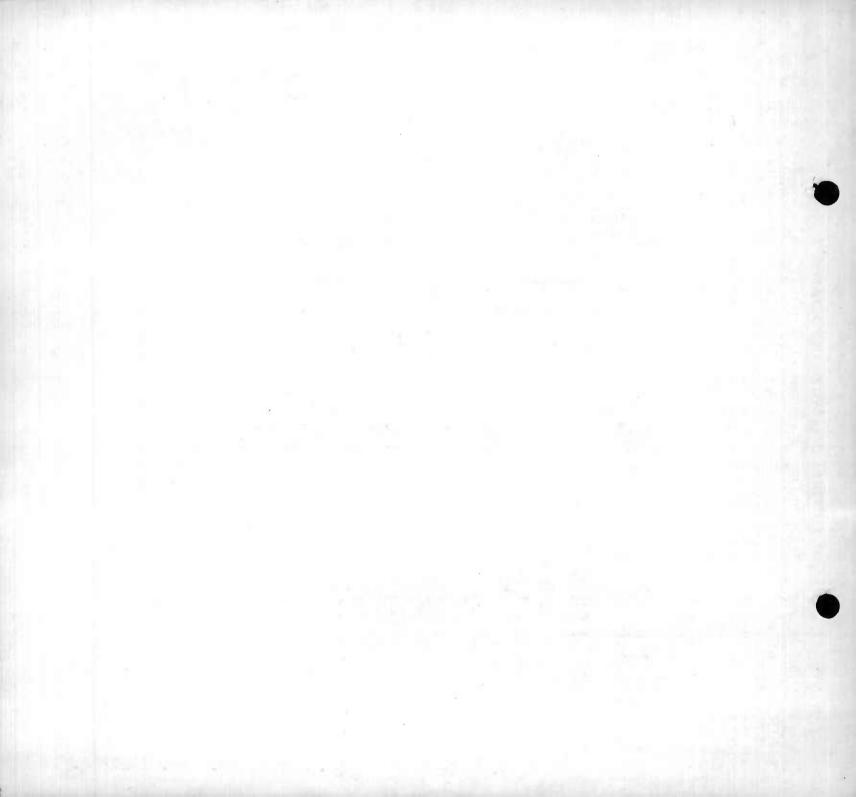
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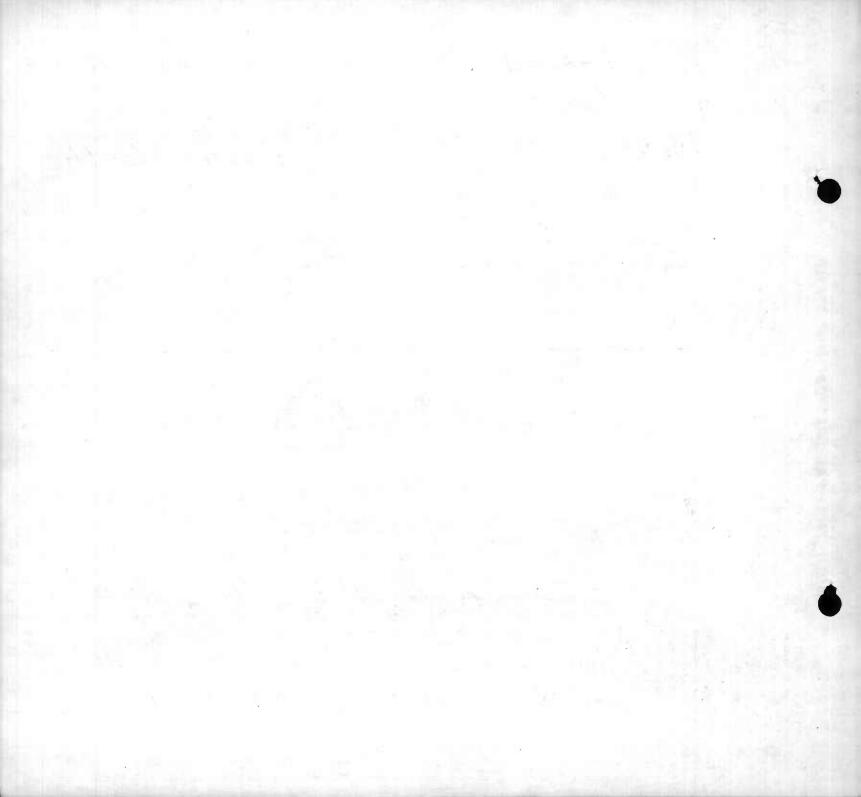
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BALTIMORE CITY HEALTH DEPARTMENT

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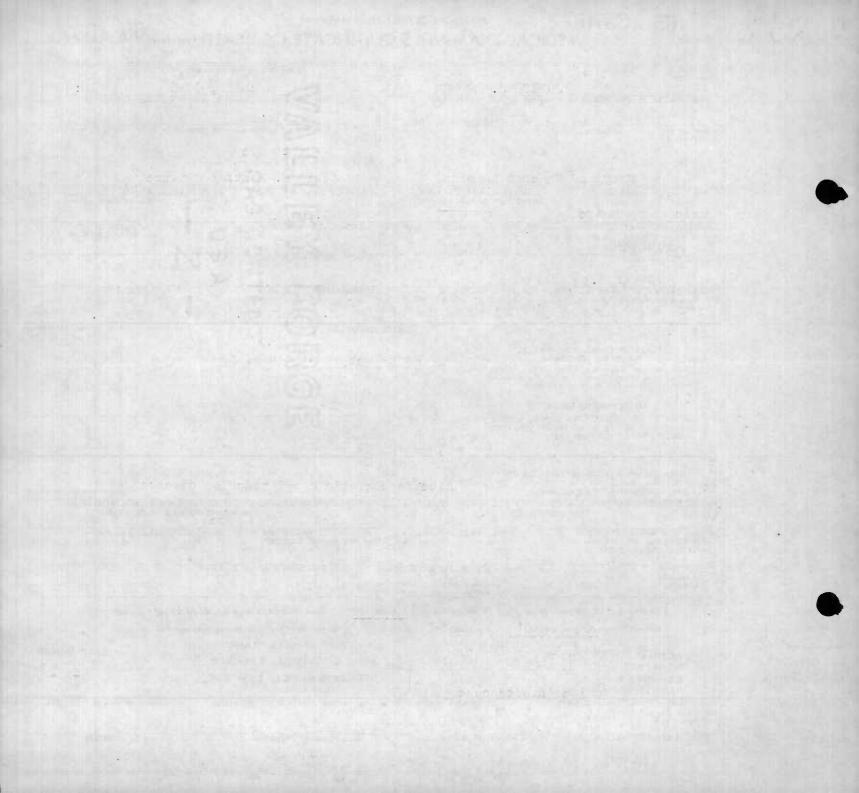
n1	65 3574	BALTIMORE CITY HEALTH DEPARTMENT	65 25713
20	TH NO.	CERTIFICATE OF DEATH	Registered No. 00 30/4
	E. CASE NO. NAME OF DECEASED po or Print)  Michael Mar	2	ND HOUR OF DEATH
		100	
death.	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COU	
11	FULL NAME OF (If not in hospital or institution, give		reborough aft 701 Curan
1	HOSPITAL OR oddress or location)	C. CITY OR TOWN III	systide city limits, write RURAL and give township)
4		CONTRACTOR ADDRESS III	ale 17 me 19 me
	Unia mon Horpetola Oce	D. STREET ADDRESS	frurol, give location)
=	<u> </u>	VER MARRIED B. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. If Under 24
Э.	WIDOWED, D	OVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 24 Months Doys Hours M
10	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		reign couldry)   12, CITIZEN OF
	ne during most of working life, even if retired)	SINESS OR INDUSTRI II. BIRTIN EACE (SIGNE OF IO	WHAT COUNTRY?
	Relead		
13.	FATHERS NAME	14. MOTHER'S MAIDEN NA	AME
odsip			
	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or doles of service)	SOCIAL 17. INFORMANT	ADDRESS
final	s, no of unknown, if yes, give wor of doles of services	SECORITY NO.	
-	18. 44 0 0 1 1	CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEAT
	LEADING TO DEATH	aleelo Corna	attiontones , thouse
	(This daes not mean the made of dying, e.g.,	DUE TO	
3	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	al. Care M	
E	ANTECEDENT CAUSES	(B) Els, con macy	
0	DISEASES OR CONDITIONS, if any, giving	19442 acate nyo	caked defactor
	rise to the above cause (A) stating the	(c) 1962 2nd	4
	UNDERLYING CONDITION last.	1963 3rd ac	rato carray
MOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19642 (NOV.8- tc)	Dec 6 /2 del
OF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Conto Rox	corpery"
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHI	ICH OPERATION 20A. AUTO/SY? (Yes or N	20B. IF YES WERE FINDINGS CONSIDERED
1	WAS PERFORMED		IN CERTIFING CAUSES OF DEATH?
	OR CONTRIBUTION CALLSE OF	ACE OF INJURY (e.g., in or obout 21C. WHERE DID lorm, foctory, street, office bldg., INJURY OCCUR?	(II in Boltimore City, give exact location)
CAL CE	DEATH (notify medical examiner) etc.)	ioni, ionor, shoot ones orage, indoor occor.	
		JURY OCCURRED 21F. HOW DID IN	NJURY OCCUR?
N FO		At Not While	
	WORK	Al Work	
	22. I certify that (I) (this hospital) attended the	deceased from 19492 U.S. Confus	19 10 March 31 196
	that (I) (we) last saw the deceased alive an	La Les fond	that in(my) (aur) apinian death occurred an th
	and haur and from the causes stated above. (1) (1	We) (did) (did nat) view the bady after death	
	23A. SIGNATURE		23 B. DATE SIGNED
	Discourse of Cotes	M.D. Attending Med. Director	Stoff Phys. □ 3-31-65
24	23C. PHYSICIAN'S	23D. ADDRESS	
	HAME (Type)	M.D.	
24	A. BURIAL CREMATION, 24B. DATE 24C, NAM	A A A A A A A A A A A A A A A A A A A	LOCATION 2 2 (Eily, town, or county) (S
1	A. BURIAL CREMATION, 24B. DATE 24C. NAM		* CCTOO!
	4/1/60	UNIVERSITY MEDICA	L SCHUUL
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	registrar 25C. Funeral director Win Cook	Q Co. Inc. 1217 St. Pa
	APR 5 1965 (02 Celts)	- Prook	6 CO. THE. 1211 DE. 10
VS	150-REV. 1/1/65		



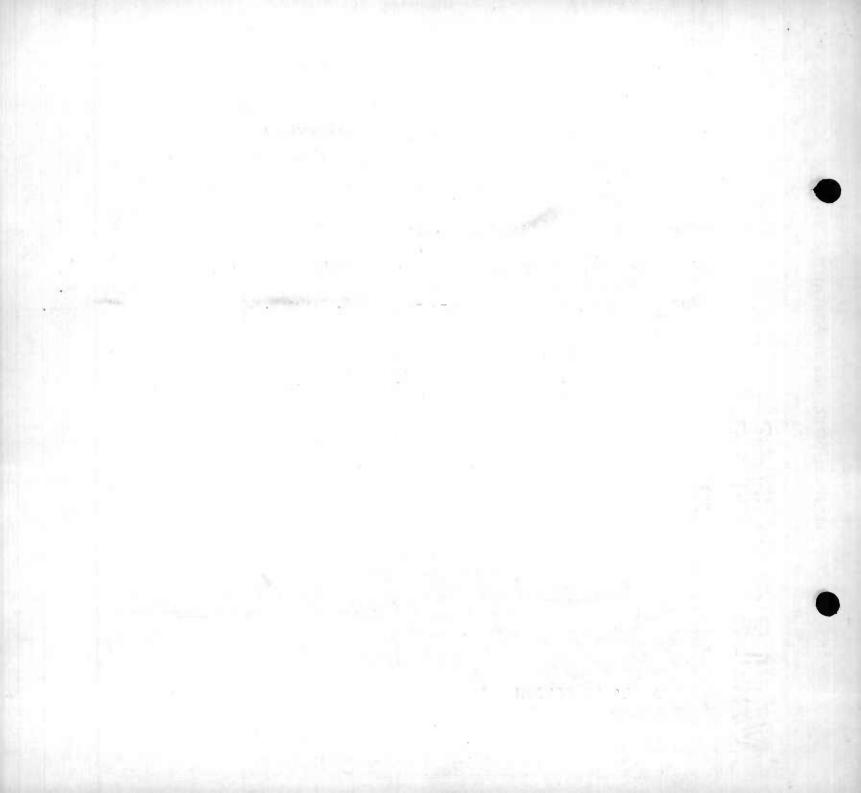


## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 65 3576

NAME OF DEC						
	EASED			2. DATE AN	ND HOUR PRONOUNC	ED DEAD
ype or Print)	JO	SEPH J.	LOUNGE	Mar	ch 31, 1965	10:40 a <sub>M</sub>
PLACE IN BALT	IMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD			titution: residence before admission)
JLL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Marylan	d	
OSPITAL OR STITUTION	ADDRESS OR LOC	ATION)	THOUS OF THE STREET	C. CITY OR TOWN (If outsi	de corporate limits, write	e RURAL ond give township)
10				Baltimo		2-03
0				D. STREET ADDRESS (If ruro	data and the same of the same	
	Maryland Ge			· · · · · · · · · · · · · · · · · · ·	ontford Aven	
SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
male	white			Sept. 22,190	14 60	
	JPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Plumb	aer	Plumb	ing		laryland	USA
FATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	NE .	
	eph B. Loui			Annie B.	Freshlein	
WAS DECEASE	O EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	9/16/42		212 14 861	2 Mr. Henry	A. Lounge	1816 N.Dallas
18.	1 1			OF DEATH	2001160	INTERVAL BETWEEN
DISCO	/ I					ONSET AND DEATH
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(This does n	ot meon the mode o	f dying, e.g.,	DUE TO			
injury or cor	mplication which coused	deoth.)				
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DISEASES O	OR CONDITIONS, IF	ANY, GIVING	(B). DUE TO			
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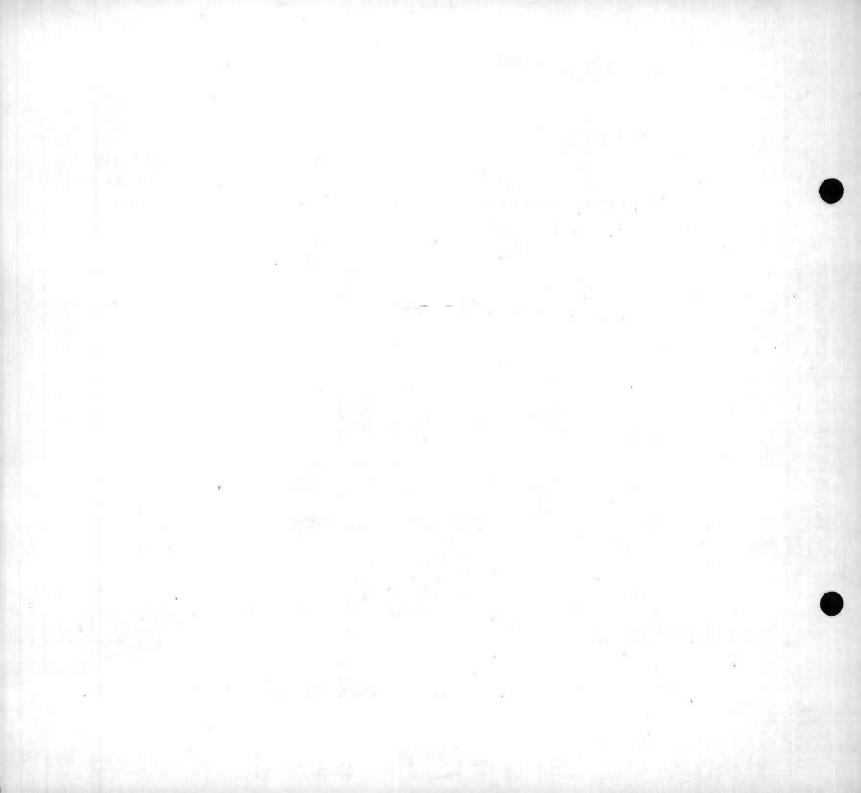


M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. II institution: residence below. A. STATE  FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddress or location)  (INSTITUTION)  (If not in hospital or institution, give street oddress or location)  (INSTITUTION)  (II not in hospital or institution, give street oddress or location)  (II)	65 35//	CEDITICATE OF	DEATH Registered No	65 357
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FULL NAME OF  FU	NAME OF DECEASED	IVER WILBERT.	2. DATE AND HOUR OF DEATH	115
HOSPITAL OR NATIONAL AND ALL HOSPITAL  ACCEPTION OF TOWN III outside city limits, write RÜRAL and give towns Mathieux Ma	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL	RESIDENCE (Where deceased lived. II	institution: residence belor
Catonsyille  D. SIRET ADDRESS (II rurel, give location)  OR USUAL OCCUPATIONIGIVE kind of works [16]. KIND OF BUSINESS OR INDUSTRY   1. BIRTHPLACE (Stole or loreign country)  Retired Attorney  Fidelity Deposit  J. Addings Malden Name    1. Manual   1. Manual	FULL NAME OF (If not in hospital or institution, g			Ballo
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3. SEX   S. RACE   7. MARRIED NEVER MARRIED   S. DATE OF BIRTH   1. DAZ   1. SECULTY NO.	UNION MEMORIAL H	D. STREET	ADDRESS (If tural, give location)	
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JIJAL JOCUPATION Give kind of worklobs, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  Retired Attorney  Fidelity Deposit  JALIA DECEASE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follow, eigher of the mode of service)  DISEASE OR CONDITIONS, if any, giving rise in the above cause (A) stating the UNDERLYING CONDITION last.  TO THE DEATH AUX NOT RELATED TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION OF RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH  TO THE DEATH AUX NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  TO ALL COMMENT OF THE DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  DISEASE OR CONDITION CAUSE OF DEATH'  TO ALL COMMENT OF THE DISEASE OR CONDITION CAUSE OF DEATH'  DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH'  DISEASE OR CONDITION CAUSE OF DEATH'  DISEASE OR CONDITION CAUSE OF DEATH'  TO THE DEATH MADE WAS PERFORMED  DISEASE OR CONDITION CAUSE OF DEATH'  DISEASE OR CONDITION CAUSE OF D	M (I) WIDOWED	DIVORCED (specify)		Months Days Hour
Retired Attorney   Fidelity Deposit   DALT, MD   U.S.			ACE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY
15. Was Daceased Ever in U. S. Amed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  108 Hilton Av.  109 Listase or Condition Directly  108 Leading 10 Death  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  109 Antecepent Causes  108 Diseases or Conditions, if any, giving rise to the above cause (A) stating the Underlying Condition Scontributing (C)  109 Antecepent Causes  109 Antecepent Cause (A) stating the Underlying Condition For Which Operation  109 Antecepent Cause (A) stating the Underlying Cause or Conditions Contributing (C)  109 Antecepent Cause (A) stating the Underlying Cause or Condition Cause of Death (C)  109 Antecepent Cause (C)  109 Antecepent	Retired Attorney Fidelit	DODOGLO		4.5.
1. New Deceased Ever in U. S. Armed rotes!   1. Note Name   1. Note   1. N	13. FATHER'S NAME	14. MOTHE	, , , , , , , , , , , , , , , , , , , ,	
Yes   World War I   215-10-1634   Mrs. Alice M. Littleton Catonsyille.	WILLIAM LITTLET	TON MAR		
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc., it means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID to CAUSE OF DEATH? 21D. TIME (Month) medical examined 19B. CONDITION 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While AI Work AI Work	(Yes, no arunknawn) (If yes, give war ar dates of service)	SECURITY NO.		108 Hilton Av
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nat mean the mode of dying, e.g., heart failure, astheria, etc., it means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION 198B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID theme, form, lactory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While AI Work AI Work		215-10-1634 Mrs.	Alice M. Littleton	Catonsville,
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Tise Ia the abave cause (A) stating the UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? etc.)   21D. TIME (Month) (Doy) (Yeor) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   While At   Not While   Not Work   N	DISEASES OR CONDITIONS if any giving	DUE TO		4
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OR CONTRIBUTING CAUSE OF home, larm, lactary, street, office bldg., INJURY OCCUR?  DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  While At Not While Work  Not While At Work		VHICH OPERATION 20A. AU	TOPSY? (Yes at No.) 20B. IF YES, WERI	FINDINGS CONSIDERED
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(APPROX.) While At Work At Work	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED 21	F. HOW DID INJURY OCCUR?	
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			21211.15	11/5/
				pinian death accurred
that (1) (we) last saw the deceased alive on 4/2/1965 and that In(my) (aur) apinian death accurred		) (We) (did) (did nat) view the ba	dy after death.	
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	23A. SIGNATURE	22210		23B. DATE SIGNED
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE	1. Facra Sundan	M.D. Attending Phys.	Med. Stalf Phys.	4/2/65
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED	23C. PHYSICIAN'S			111
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S  23D. ADDRESS	NAMA TYPELA I RD BRYSON	M.D. // 1/1	ON MEMORIAL H	OCD, TAI
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  23D. ADDRESS  23D. ADDRESS	24A, BURIAL CREMATION, 24B, DATE 24C, NA	NNIO	24D. LOCATION	City, town, or county)
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE    Attending   Med.   Stalf Phys.   4/2/65   23C. PHYSICIAN'S NAME (Type   A I RD BRYSON   M.D.   MNION MEMORIAL HOSPITAL	REMOVAL (Specily)	11:	a na	, to will, or county)
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Phys. 442/65  23C. PHYSICIAN'S  NAME (Type A I RD BRYSON  M.D. MIDION MEMORIAL HOSPITAL  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, 19wg. of county)	Burial 4/6/65 Bay	timore halrons	Cont Bullimor	e, mel.
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  A I RD BRYSON  M.D. MNION MEMORIAL HOSPITAL  24A. BURIAL CREMATION, REMOVAL (Specily)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION  (City, town, or county)  Carrial  46665  Baltimore hatronal (ant. Baltimore) Mc.		F REGISTRAR 25C. FU	NERAL DIRECTOR	By lto in
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and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE  Attending Med. Director Phys. 412/65  23C. PHYSICIAN'S  NAME (Type) A I RD BRYSON  23D. ADDRESS  NAME (Type) A I RD BRYSON  24A. BURIAL CREMATION, REMOVAL (Specily)  24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)  24D. Bullimore, Mal.	VS 150-REV. 1/1/65		1	

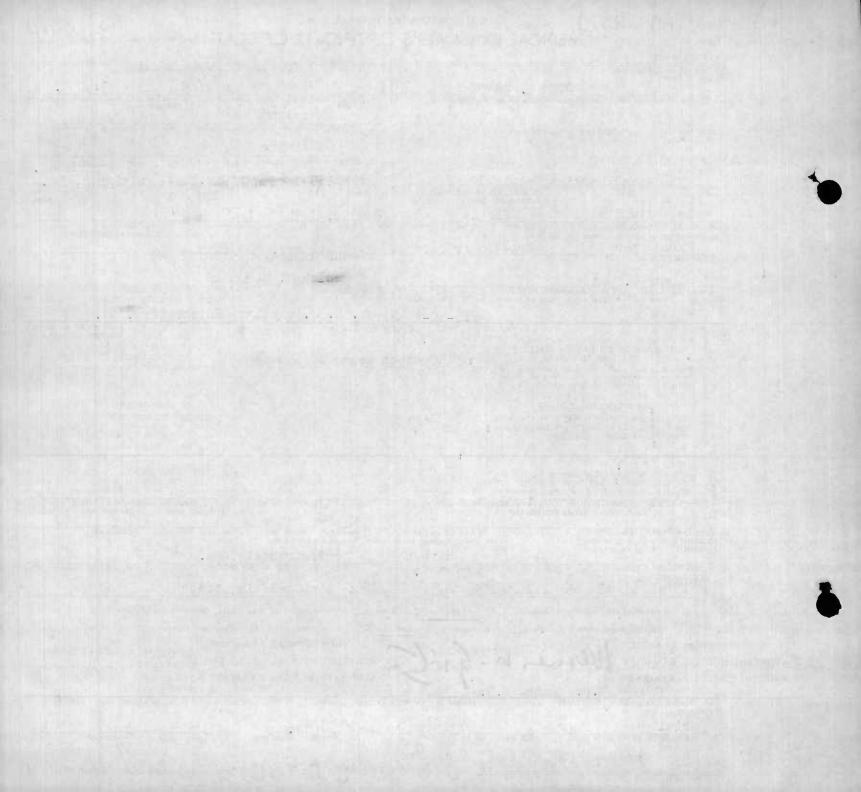


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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OF OFFICE	BALTIMORE C	TY HEALTH DEPARTMENT		01-
BIRTH NO. 65 3578	CERTIFIC	ATE OF DEATH	Registered No	. 65 3578
M.E. CASE NO.	021(11110		HOUR OF DEAT	
1, NAME OF DECEASED (Type or Print)				H 1/9
Willie May La	andon	April	2, 1965	2 - 1
PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where		institution; residence before admission
		Maryland	Baltimore	
HOSPITAL OR oddress or location)	institution, give street			e RURAL and give township)
INSTITUTION			ide city annits, write	e KOKAL ONG GIVE TOWNSNIP!
6000 Bellona A	venue	Baltimore		2,5-
Edgewood Nursin	ng Home	D. STREET ADDRESS (If 1	urol, give location)	
		221 Rogers Fo	rge Road	21212
SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	, AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Female White	Single Single	3/15/1883	ost birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work) 10			un countrul	12, CITIZEN OF
one during most of working life, even if retired)	SE KIND OF BOSINESS OF INDOS	KI III. BIKINILACE (Sible of foreig	in country)	WHAT COUNTRY?
Retired Stenographer		Maryland		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE.	
William Landon		Annie E. Fo	ntaine	
5. Was Deceased Ever in U. S. Armed Force	s? 1 6. SOCIAL	17. INFORMANT	3000 0	oland Atente
(lf yes, give wor or dotes		Migg Fdag Tittl	- P	
No None	220-46-117			
18. 2/6 0 X	CAUSE	OF DEATH Coregueter	DIL. wit	PARLANTERVAL BETWEEN
DISEASE OF CONDITION DIRE	CTLY	Mr. Com	1,000	ONSET AND DEATH
LEADING TO DEATH	in. L	puleurine 1 Dealeter n	min	
(This does not mean the mode of d	lying, e.g., DUE TO	peutities !	16 121	
heart foilure, asthenia, etc. It means the	he disease.	A . 1 0-	02 5	
injury or complication which coused d	leoth.)	Dealecte- 1	receive	
ANTECEDENT CAUSES	(B)			
		2 2 - 0 -	-A .	7
DISEASES OR CONDITIONS, if on		Peneraloged a	Messo 52	Con -
rise to the obove couse (A) s	stoling the (C)			
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	/2	00		
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING CO.	eneloly		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATI DISEASE OR CONDITION CAUSING IT.	ED TO THE			
194 DATE OF OPERATION 198 CONDI		20A. AUTOPSY? (Yes or No)	208. IF YES, WER	E FINDINGS CONSIDERED
199. DATE OF OPERATION 198. CONDI	RMED		IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITION	, in or about 21C. WHERE DID	(If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	ti iii ognimi	one only, give exoct loconom,
DEATH (notify medical examiner)	etc.)			
	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY		/hile		
(APPROX)	Work At W			
20 1				Med 2 rd 1965
22. I certify that (I) (this hospital)			9ta	7
that (I) (we) last sow the deceased	alive on MM gall	wet 19/25 and the	it in (my) (our) a	pinian deoth accurred an the da
and haur and from the causes state	a access (i) (me) (ald) (ald hat	, view the bady after death.		
23A. SIGNATURE	2,			238 DATE SIGNED
C/// Harristy		Attending Med. Phys. Director	Stoff Phys.	4/3/65
23 C. PHYSICIAN'S		23D. ADDRESS	,	
NAME (Type) MID	13, /-	erro la f	12,0 14	alt 21212 100
11 [44/	14 erly M	D. 2310 45ME	1600	and I have been
AA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LC	CATION	(City, town, or county) (State)
REMOVAL (Specify)				, , , , , , , , , , , , , , , , , , ,
Burial 4/5/1969	Loudon Park Co	emetery Ra	ltimore, N	Marvl and
	SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	L OLINOIO 1	ADDRESS
ADD E SOCE !	P P. JE E Naskentin		0 4	Outto: , mel. 21217
WAK 9 12019 K	TOWN DO	Wm. 5. Techn	ersons?	north - Pa was
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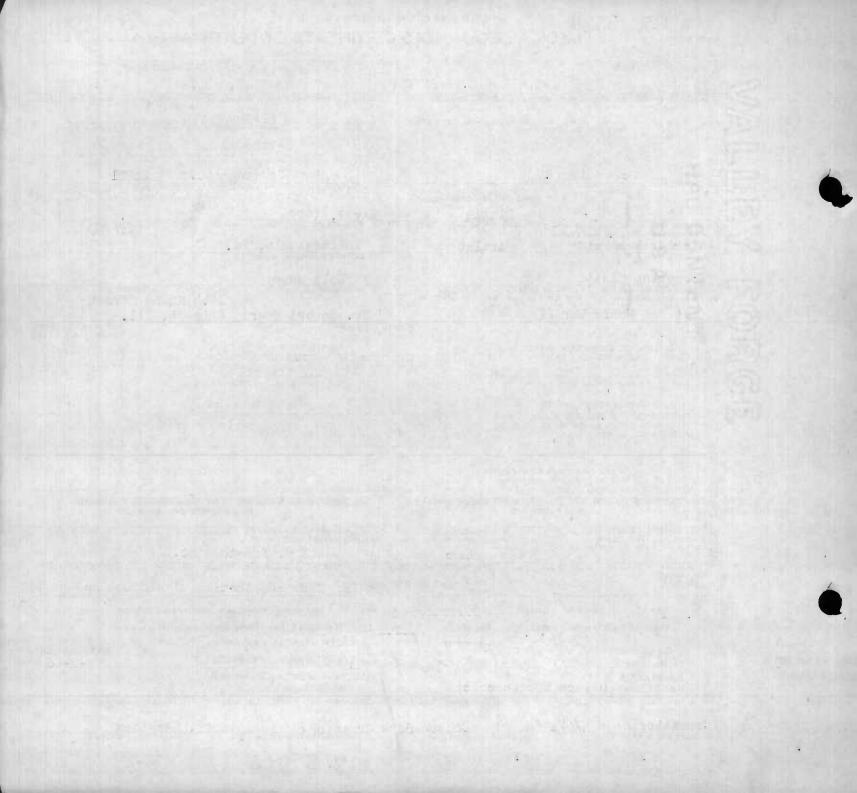
E CASE NO.	0-40					
NAME OF DE				2. DATE AND	HOUR PRONOUNC	ED DEAD
		JOHN W. DAN			4/2/65	3:40 a. M
PLACE IN BAL	TIMORE, MARYLAI	ND, WHERE PRONOL	JNCED DEAD	A. STATE Maryland	eceosed lived. If inst B. COL	titution: residence belore odmission UNTY
JLL NAME OF	(IF NOT IN H	OSPITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outside	corporate limits, write	e RURAL and give township)
STITUTION				Baltimore		2602
5				D. STREET ADDRESS (If rurol, g	ive location)	5305 Moravia RD.
	Johns Honk	ins Hospita	1	Parkside Gardens	Anartment.	
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	17. Aut in years	If Under 1 Yr. If Under 24 Hr
nale	white	Sin	DIVORCED(specify)	June 1. 193h	30	Months, Doys Hours Min.
USUAL OCC	UPATION (Give kind	of work TOB. KIND OF		RY 11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
e during most of Tilese	working life, even if r		ontractor	Delti-	7 - 1	WHAT COUNTRY?
FATHER'S NAM		TITE C	Ontractor	Baltimore Ma	ryland	
F1	Tr Devotes			Beulah M. McD	onald	
	W. Dandy	ARMED FORCES?	16. SO CIAL	17. INFORMAN		ADDRESS
s, no or unknown	of (If yes, give wor	or dotes of service)	SECURITY NO.			lan Road
			216-30-9311	Mr. E. J. Baylis	s Catonsv	ille, Md. 28
1B.	76 X		CAUS	SE OF DEATH		INTERVAL BETWEEN
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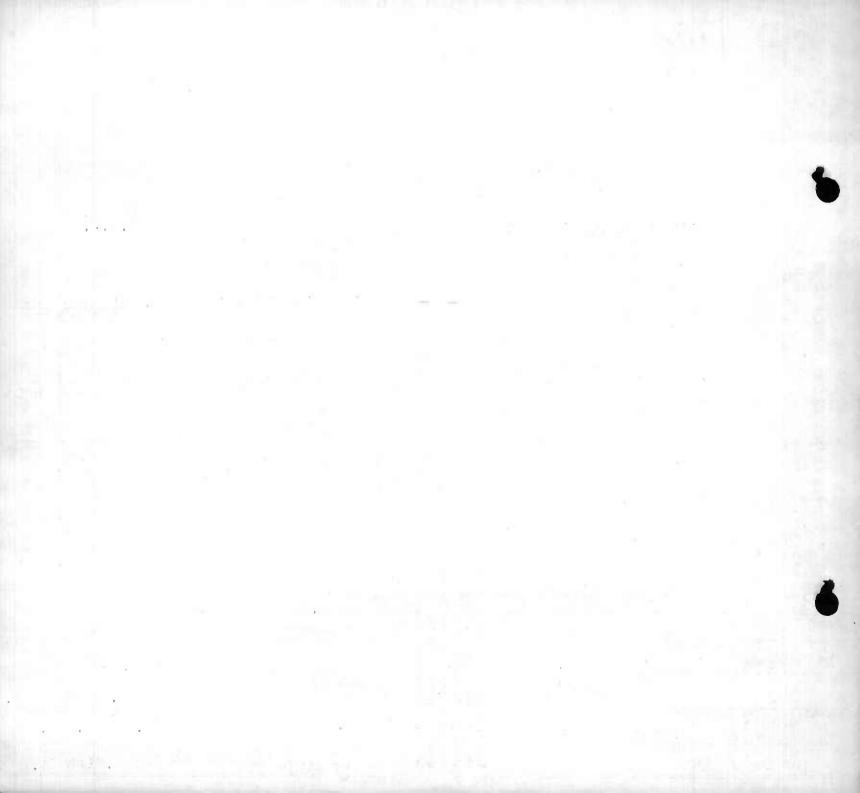
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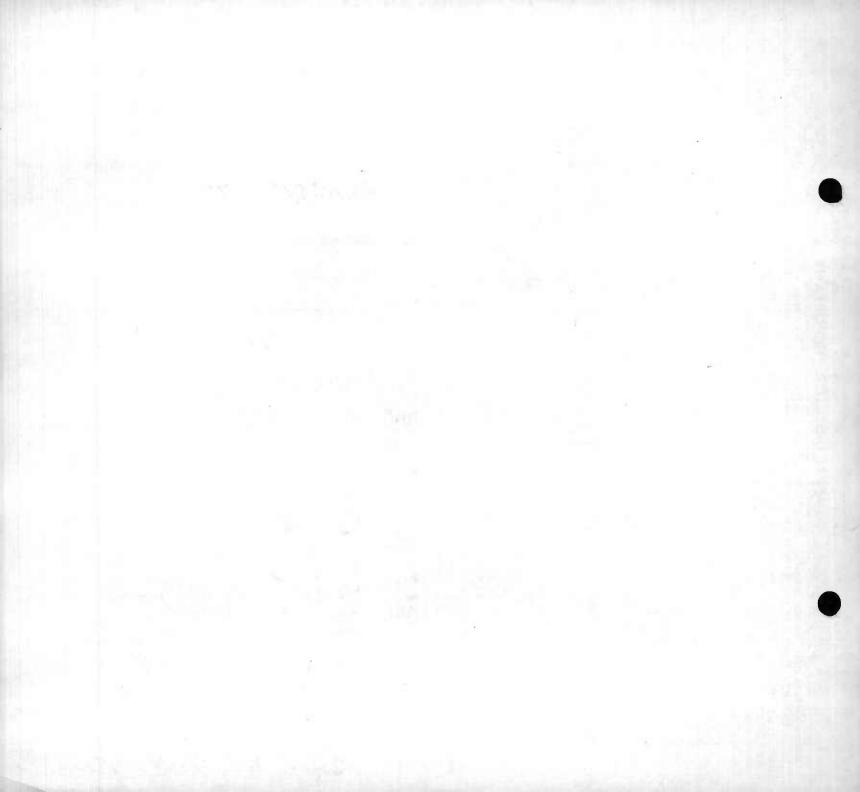
## 65 3580 BALTIMORE CITY HEALTH DEPARTMENT

BIRIF	1 NO.	MEDI	CALEX	AMIINER 3 C	EKTIFICATI	COFD	EAI I Kegiste	red Na	
-	CASE NO.								
	AME OF DE		EDERICK	M. BRADFORD	2.		3, 1965	ED DEAD	6:50 a M.
3. PL	ACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDEN	ICE (Where do	eceased lived. If ins	titution: resid	dence before admission)
FULL	NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		Maryla	nd		
HOS	PITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN		corporate limits, write	e RURAL or	nd give township)
100	1					Baltim		4	0
13	1	Mamary Hagnit	-1		D. STREET ADDRES			07.00	
5 66	v	Mercy Hospit		ALEVER AAARRIED		. Sarat	oga St.	2120	
5. SE				NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE years		Days   Hours   Min.
1	nale	white	Sing		May 3, 192		35		
done	during most of	working life, even if retired)	IOB KIND OF	BUSINESS OR INDUSTRY				12. CITIZE	EN OF T COUNTRY?
	terior	Decorator	Art	tist	Philadel	phia, I	Pa.		
13. 17	AIHERS NAM	16			14. MOTHER'S MAI	DEN NAME			
		k Blatt		1	Lois M	lowry			
Yes,	no or unknown	D EVER IN U.S. ARMED	s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		1244 Sto	address one St	
	Yes	World War I	I		Mr. Rober	t Mowry			
1	B	1 2 1 20		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY						ONSET AND DEATH
		LEADING TO DEATH		(A) Comb	ination act	tion of	alcohol a	nd	
	heart failure	not mean the mode of asthenia, etc. It means application which caused	dying, e.g., the disease,	DUE TO	barl	biturat	es		**************************************
								1991	
		NTECENDENT CAUSE OR CONDITIONS, IF A		(B)					
	RISE TO TH	E ABOVE CAUSE (A) ST		DUE 10					
z	ONDERLIN	G CONDITION LAST.		(C)					
유		11							
3		NIFICANT CONDITIONS DEATH BUT NOT REL							
뜯	DISEASE O	R CONDITION CAUSING	IT.	.00000000000000000000000000000000000000					
CERTIFICATION	9A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (		B. IF YES, WERE FI		
1-1	1 A EXTERNA	L CAUSE WAS	218	PLACE OF INJURY (e.g.,	no	ERE DID (III	in Boltimore City of	ius avaat la	antina)
OL	INDERLYING	OR CONTRIB-	home,	form, factory, street, o	the bidg, INJURY C	CCUR?		AG SYOCI IO	(Callan)
T				Home			atoga St.		
ď	TID TIME	(Manth) (Doy) (Year		1 E. INJURY OCCURRED		A DID INTRE			
(	APPROX.)	4 3 65	a m. V	VHILE AT NOT	ORK X TOO	k combi	nation of	alcoho	ol and barbit-
2	22.	tify that I held on I	nguiry 🗆	Inspection X Aut	opsy and t	hat on this	basis, deoth In r	my onlater	urates
		ted from: Natural cal		ccident Suicid					
	Lazoi	red from: Natural Cal	Ses A	201cla	CHIEF MED		idetermined mann	er 🗀	
	ACTUA	1/CA	117	7 (/					DATE SIGNED
	SIGNAT		16/6	M.D. M.D.					4-3-65
	EXAMIN NAME (	Type) Rudiger B	reitene	cker	ASSOCIATE MEI	DICAL EXA	MINER		
		MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City	, tawn, ar c	county) (State)
	rematio		65	Loudon Park	Crematory	Bal	timore, Ma	ryland	i
		BY HEALTH DEPT.		Loudon Park	24C. FUNERAL	DIRECTOR		Α.	DDDESS
		APR 5 1965	R.	18. S. May 13	WR. E.	7 Epra	-d Sono i	Ballo	pa wes
VS 1	51-REV. 1/1/	65			1				



VS 150-REV. 1/1/65

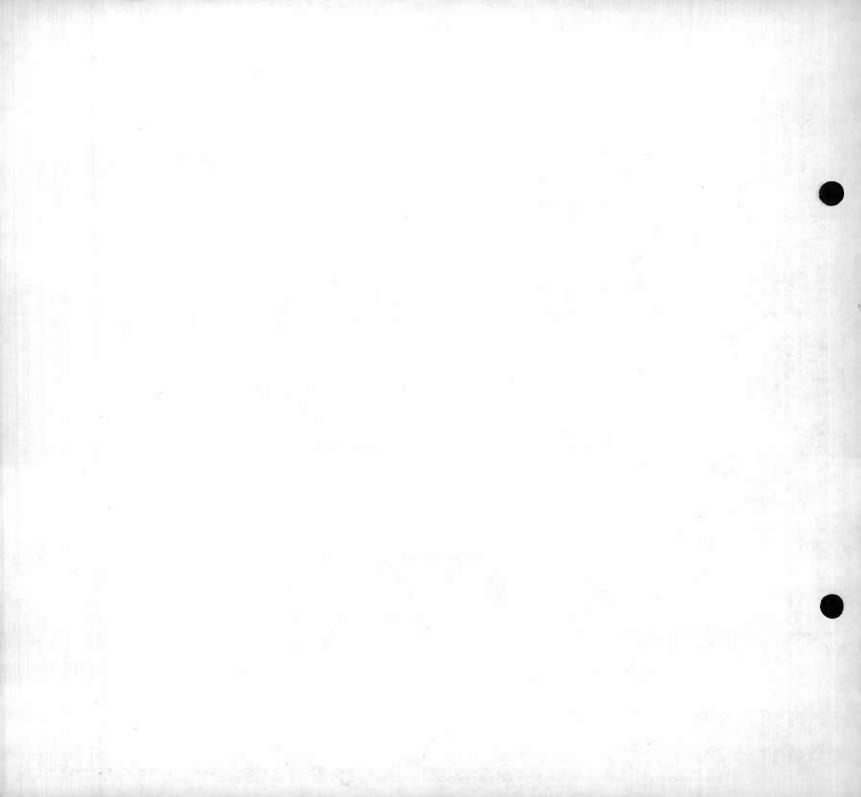




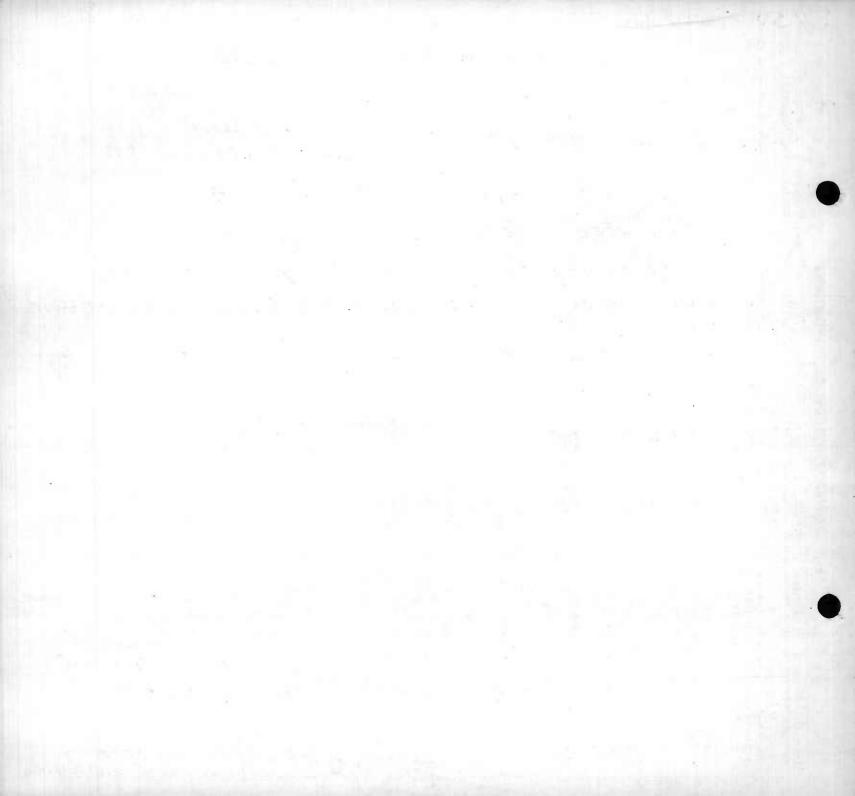
IMPORTANT

DIRECTOR:

FUNERAL



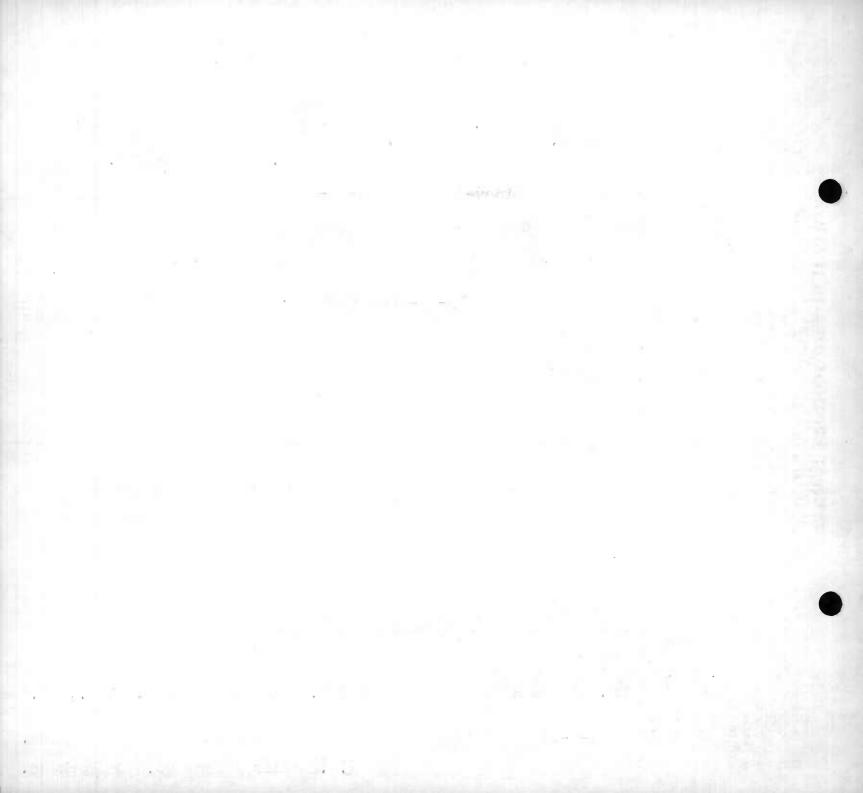
VS 150-REV. 1/1/65



V\$ 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

(If outside city limits, write RURAL and give township) & Canterbury Rd If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA Thomas W. Winstead 2 Overlook Lane 10 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .....and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) Md. Jenkins & Sons Co. 4905 York Rd.



IMPORTANT

FUNERAL DIRECTOR:

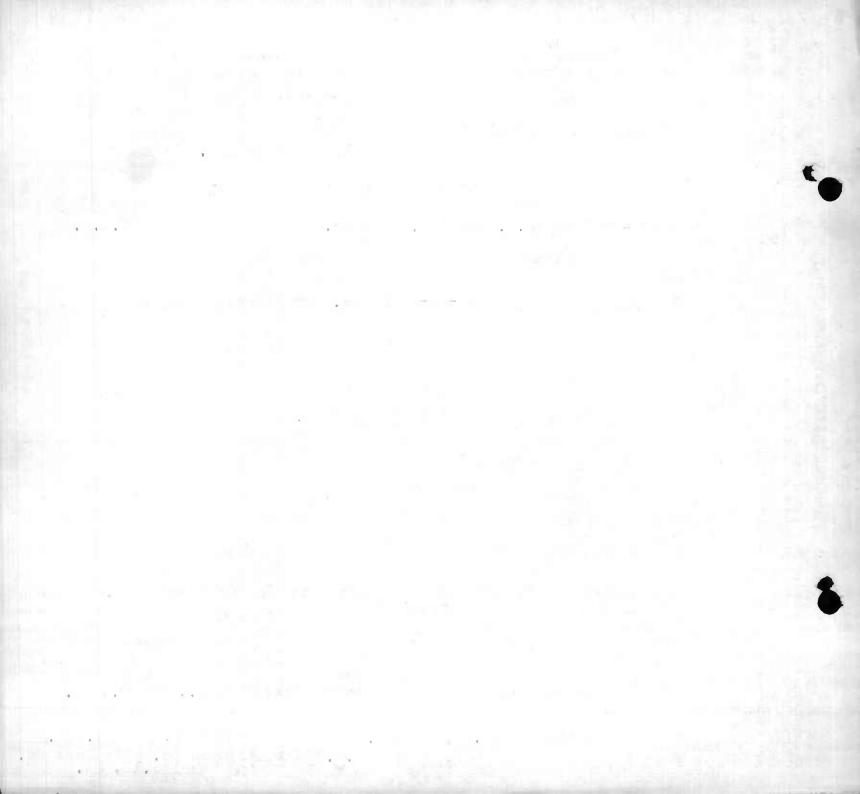
NO BEEN THE STREET OF THE STREET WAS THE 22 THE R. D. D. LEWIS CO.

B. M. M. L. J. W. S. SARAH HARRY 1040 W. W. Williams

The same was a mark

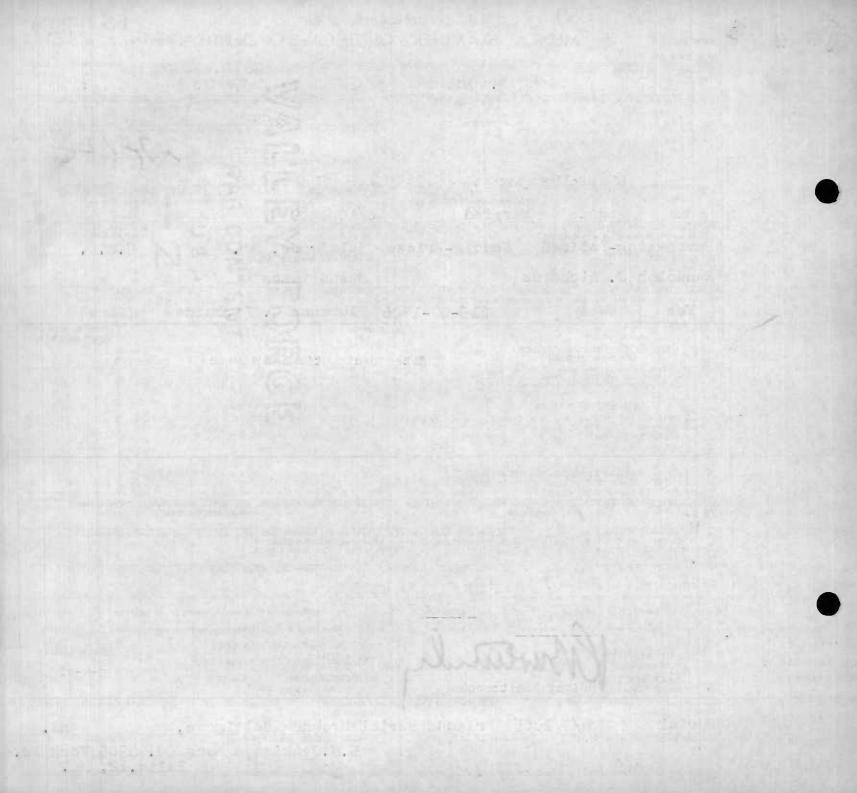
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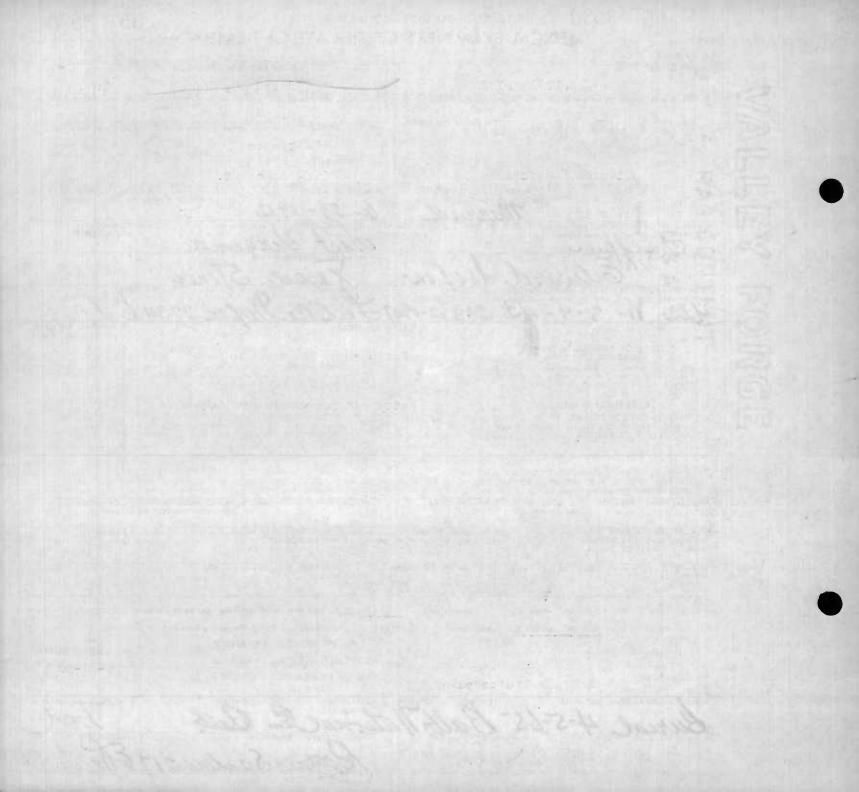
VS 150-REV. 1/1/65



## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register

M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  CHARLES R. RICHARDS	2. DATE AND HOUR PRONOUNCED DEAD April 3, 1965 6:30 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore D. STREET ADDRESS (If rurol, give locosion)
6240 Bellona Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male white Married	B. DATE OF BIRTH 9. AGE (In years last birthday) 16/10/1889 9. AGE (In years last birthday) 19. AGE
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)  Purchasing-Retired  Bendix-Frieze  13. FATHER'S NAME	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Randolph J. Richards  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	Susan Tames 17. INFORMANT ADDRESS
Yes WW I 215-09-1706	Florence C. Richards (Same) SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., heart foilure, astheria, etc. It means the disease. injury or complication which caused death.)	iosclerotic cardiovascular disease
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	no IN CERTIFYING CAUSES OF DEATH?  in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	IN CERTIFYING CAUSES OF DEATH?  In or about 21C, WHERE DID (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  WHILE WORK  utopsy and that on this bosis, death in my opinion  Ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED





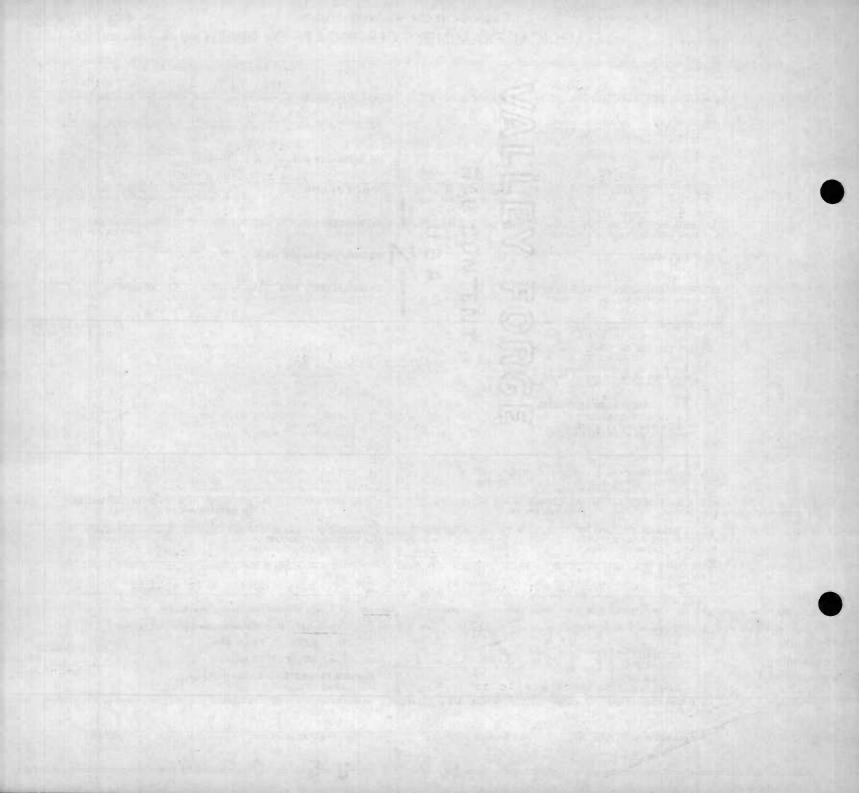
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A.E. CASE NO.	Forquer.	Mertic	ce I	2. D	4/1/65	10;50 A.
PLACE OF DE	ATH IN BALTIMORE,			4. USUAL RESIDENC	E (Where deceased lived.	If institution; residence before odn
FULL NAME	OF (If not in hospi	tal or institution	on, give street	Maryland	Prince Geo	rge
HOSPITAL OR	oddress or loc	ation)		C. CITY OR TOWN	(If outside city limits, v	write RURAL and give township)
1	-11 01 1 .			Hillcre	st Heights	66-00
MOUGED	ello State F	losp1ta]		D. STREET ADDRESS 5826- 28	th Avenue	n)
sex Female	6. RACE White		VED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 11/8/1918	9. AGE (In years lost bighday)	Months Doys Hours
			OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
	working life, even if retire eaner Store			Virginia		USA
3. FATHER'S NA	,			14. MOTHER'S MAID	EN NAME	
C. B. Mc	orris			Ethel Tend	ler	
	d Ever in U. S. Armed		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.			Unknown	Hospital	Records	
18. 19	Y I		CAUSE	OF DEATH		INTERVAL BETWEE
DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEA
	LEADING TO DEA					
heort failure,	LEADING TO DEA nat mean the made asthenio, etc. It me application which cau	ol dying, e	e.g., OUE TO Wit	amous Cell Ca h Metastases	rcinoma of C	ervix 3 yrs.
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R-200

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	e or Print)						D HOUR PRONOUNCE	D DEAD	1 -0
		JOHN							I
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FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C CITY OF TO	Marylan		ALLDAT -	
HOS INST	PITAL OR	ADDRESS OR LOCA	(TION)		C. CITT OR TO		e corporate limits, write	KOKAL OF	nd diversimp
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흔		11							
3		VIFICANT CONDITIONS							
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MEDICAL	21 A. EXTERNAL UNDERLYING P	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C.	WHERE DID	If in Boltimore City, gi	re exoct lo	cotion)
8		SE OF DEATH.	etc.)	Tavern			alhoun St.		
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BALTIMORE CITY HEALTH DEPARTMENT

contributing ত IMPORTAN DIRECTOR: FUNERAL to the hospital

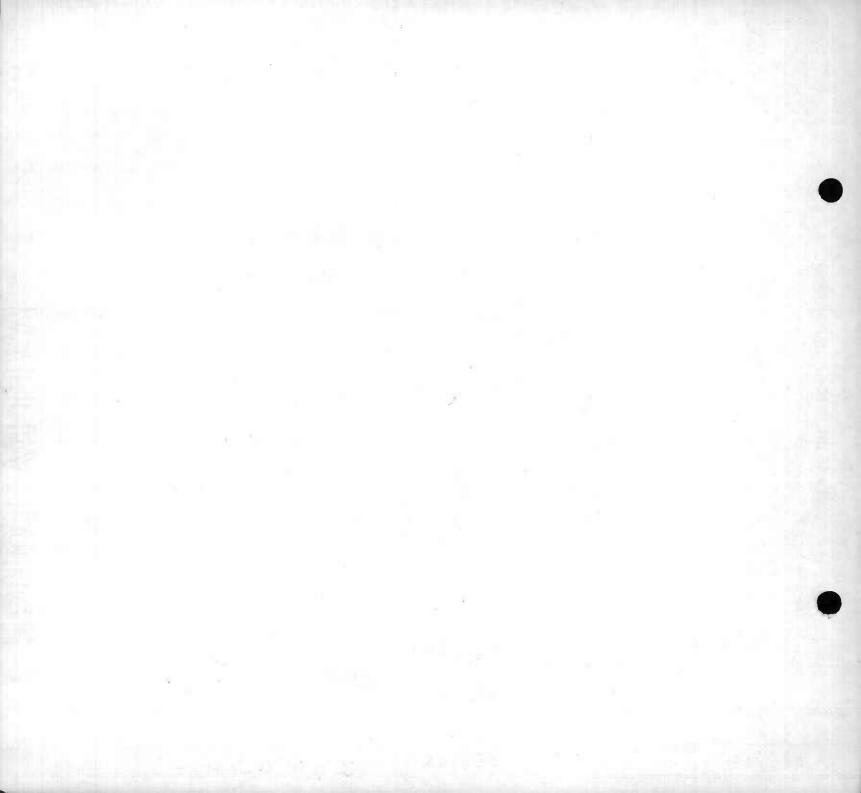
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If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT, COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH AGRITA 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In(my) (aug) apinion death occurred on the date 23 B. DATE SIGNED (City, town, or county ADDRESS

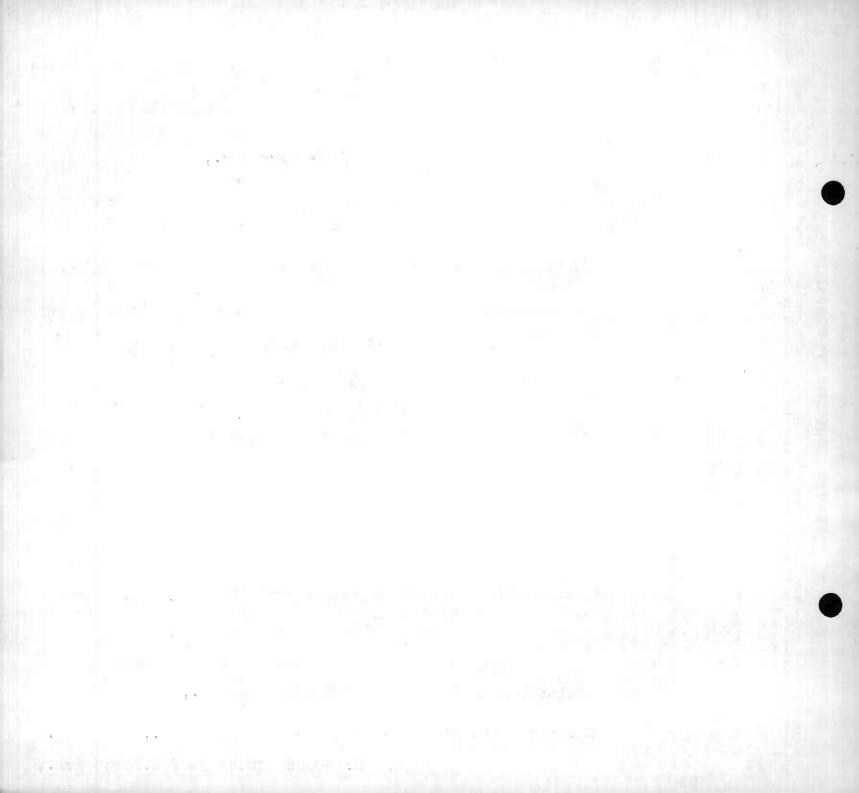
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MRE CASE NO.  I HAMME OF DECEASED  J. PLACE OF DEATH IN BALTIMORE MAGILAND  J. STREET ADDRESS (If road, ove localiant)  J. J	BIRT	н но. 65 3594		TE OF DEATH	Registered No.	65 . 3594
Type or Pinnsh Mac With Cand Marked Mary Advantage of the property of the prop				2. DATE AND	HOUR OF DEATH	
3. FRACE OF DEATH IN BALTIMORE, MAGILAND  OF HOUSPIAL OF OF TOWN (If outside city limits, write RURAL and give hownship)  S. SEK S. RACE OF DEATH  ON USUAL OCCUPATION (Give hold of work)  OF USUAL OCCUPATION (Give hold of work)  OF HOUSPIAL OF ORDING Hald of work (100 KIND OF BUSINESS OR INDUSTRY)  OF STREET ADDRESS (If mod, give localism)  S. SEK S. RACE OF MARRIED OF SUMMER OF SUSINESS OR INDUSTRY (If outside city limits, write RURAL and give hownship)  OF STREET ADDRESS (If mod, give localism)  S. SEK S. RACE OF MARRIED OF SUSINESS OR INDUSTRY (If outside city limits, write RURAL and give hownship)  OF STREET ADDRESS (If mod, give localism)  S. SEK S. RACE OF MAGRIED OF SUSINESS OR INDUSTRY (If outside city limits, write RURAL and give hownship)  OF STREET ADDRESS (If mod, give localism)  In J. J. AGE (In years)  In J.	(Тур	e or Print) Mrs. Christ	ty Cash (Mory	Abri	8 2 1963	5 14:20 4.
HOSPITAL ON Sedes or locoion was in control of the service of the	3. F	LACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE Where	deceased lived. If in	stitution: residence before admissio
SECURITY NO.   10. STREET ADDRESS   11 rural, give locations   12. STREET ADDRESS   12. STREET ADDRESS   11 rural, give locations   12. STREET ADDRESS   11 rural, give locations   12. STREET ADDRESS   11 rural, give locations   12. STREET ADDRESS   11 rural give locations   12. STREET ADDRESS   12. STREET ADDRESS   12. STREET		ULL NAME OF (If not in hospital	or institution, give street			20-02
D. STREET ADDRESS (IT rord, give location)  Baltimus 2/31  Baltimu	- 1	NSTITUTION /	1/2 +0		ide city limits, write f	(URAL ond give township)
SEX   6. RACE   7. MARRIED, NEVER MARRIED   S. DATE OF BIRTH   9. AGE (in years will Under 1 Tr.   11 Under 2 Tr.   11 Under 2 Tr.   11 Under 2 Tr.   12 Under 2 Tr.   13 Under 2 Tr.   14 Under 2 Tr.   15 Under 2 Tr.   15 Under 2 Tr.   16 Under 2 Tr.   17 Under 2 Tr.   17 Under 2 Tr.   18 Under 2 Tr.   18 Under 2 Tr.   18 Under 2 Tr.   18 Under 2 Tr.   19 Under	1/	3m secans	Hazquet			tru St.
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FUNERAL DIRECTOR: IMPORTANT

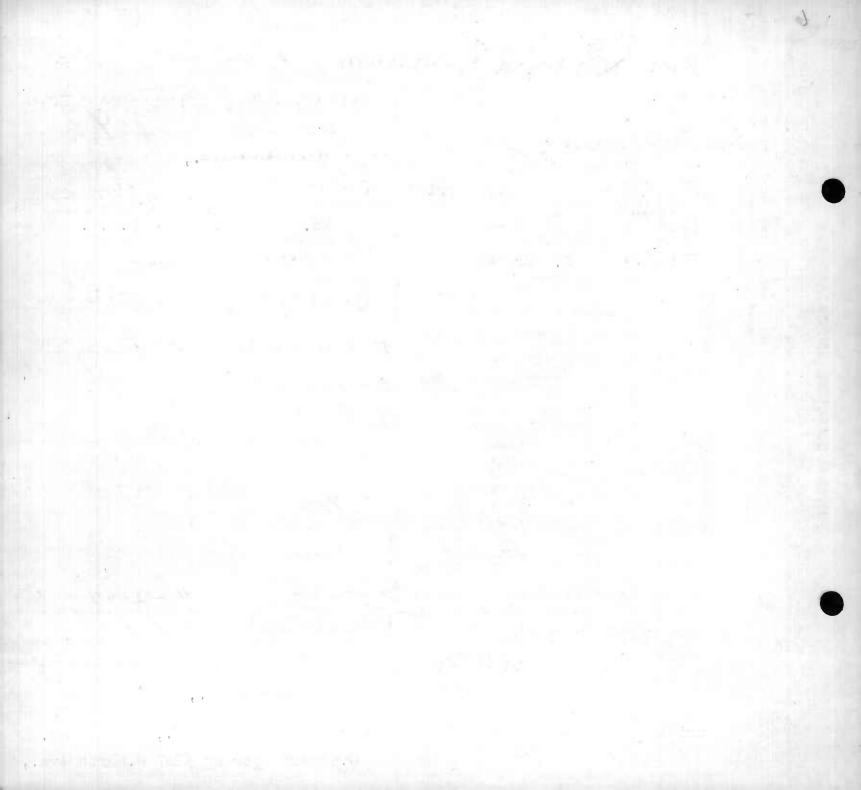


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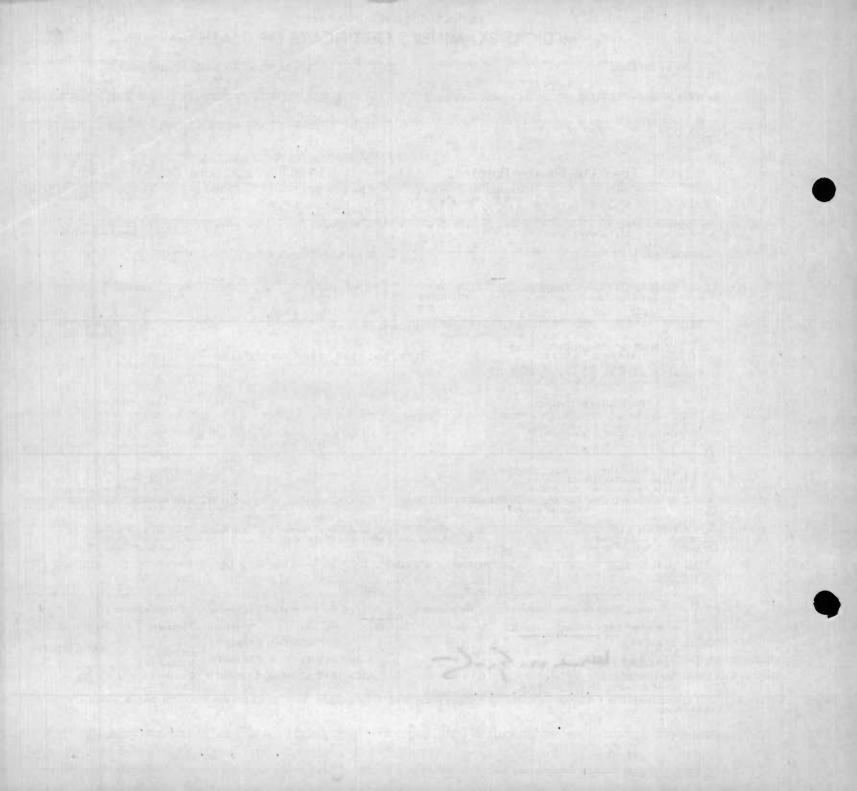


FUNERAL DIRECTOR: IMPORTANT

	15-18173	CE	DE BALTIMORE CIT	Y HEALTH DEPARTMENT		63.00
BIRT	TH NO. 65-09/25	60	CERTIFICA	TE OF DEATH	Registered Na	-65 - 3596
	AME OF DECEASED	1 7	alet)	2. DATE A	ND HOUR OF DEATH	Inc
	pe or Print)	as a lather	mah	am &	4-2-65	- (7)
. P	PLACE OF DEATH IN BANIM	ORE MARYLAND	o James	4. USUAL RESIDENCE (WH	ere decoosed lived. If in:	stitution: residence before admission
				A. STATE B. COU	NIY C.	11
F	HOSPITAL OR oddress of	hospital or institut ar lacation)	ion, give street	C. CITY OR TOWN (IX.	utside city limits, write R	moran Hose
-11	NSTITUTION		401	3		OKAL and give lownship
0	Juthana	HES	jutalet	D. STREET ADDRESS	f rural, give (ocotion)	-//
	occess of	MOS		3821 Ma	ry Ave.	
5. S	EX 6. RACE	7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Days Haurs Min.
	F. W.		web, DIVORCED (specify) ver Married	7-31-65	last birthday)	Months Days Haurs Min.
OA.	USUAL OCCUPATION (Give kin			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
one	during most of working life, even i	if retired)		Ma		WHAT COUNTRY?
2 1	NONE			Md.		U.S.A.
ا ۱۰	-ONNIV			14. MOTHER'S MAIDEN N	ME	
	FRAINA	C. Gra	ham	MADYN	Hard	lesty
5. V	Was Deceased Ever in U. S. A s, no ar unknawn) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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TION	TO THE DEATH BUT NO	TIONS CONTRIBLE	JTING THE			
⋖	DISEASE OR CONDITION CA	USING IT.		120.4	1.1 000 15 150	
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_	OR CONTRIBUTING CAUSE	OF -	home, farm, foctory, street,	office bldg., INJURY OCCUR?	Uf in Pollimore	City, give exact location)
U	DEATH (notify medical examination)	er)	etc.)			
	21 D. TIME (Month) (Day) OF INJURY	Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX)		While At Not Whi	le 🗀		
	22	Eta-IV			10 . //	0 1 10 10
	22. I certify that (I) (this i					2-645 19 6
	that (I) (we) last saw the	deceased alive	an 4-2-65	19 E 5 and t	hat in (my) (aur) apin	lan death accurred an the d
	and have and from the cav	ses stated abav	e. (I) (We) (did) (did nat)	view the bady after death	•	
	23A. SIGNATURE		. 1			23 B. DATE SIGNED
		/	Wilam M.D. At	rending Med. Director	Stoff Phys.	4-2-65
	23C. PHYSICIAN'S			23D. ADDRESS	,	1
	NAME (Type) MOKHT	CAR MILANI	M.D.	730 Ashburt	on St.,	
244	BURIAL CREMATION, 248. I		C. NAME of CEMETERY OF CE			
-	REMOVAL (Specify)					y, town, ar caunty) (State)
B.	urial 4-		Lakeview Mem		arroll Co.	Md.
25A	. DATE REC'D BY HEALTH DE	10 CO ALA	0	0.00 811110011 01-0-0-0		
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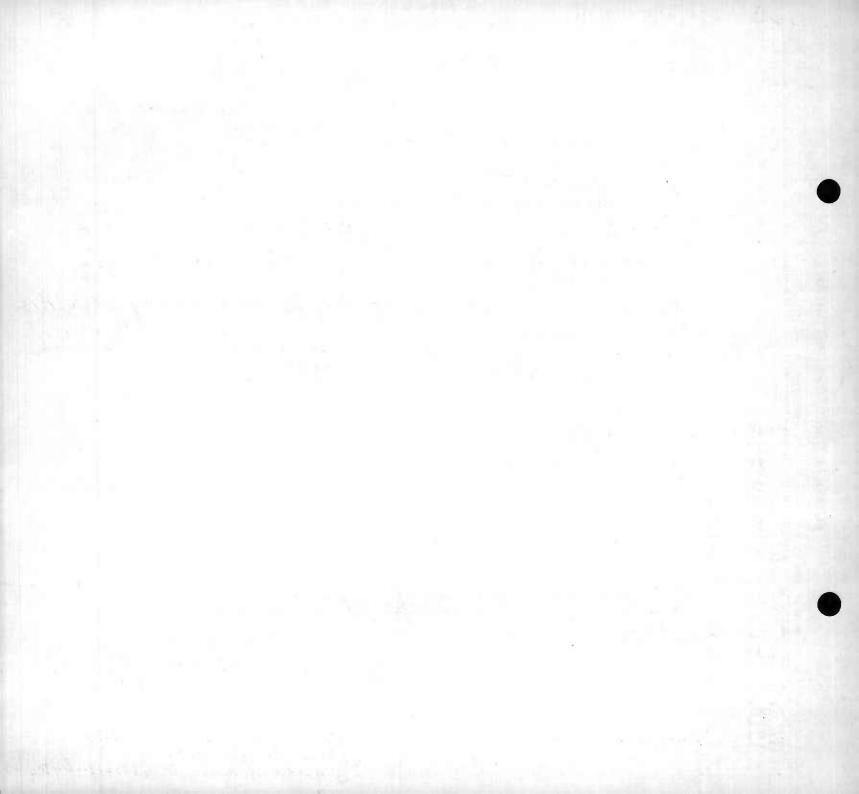


, 1	65 3597 BALTIMORE CITY HEALTH DEPARTMENT	0000
1 234	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	3097
0	M.E. CASE NO.	
	1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD	
		2:24 p. M.
	A. STATE B. COUNTY	ice before damission
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  REPLACE MARY Land  C. CITY OR TOWN (If outside corporate limits, write RURAL and Baltimore)	give to waship)
3	Franklin Square <b>Abs</b> pital  D. STREET ADDRESS (If rurel, give locosion)  1301 W. Baltimore St.	
		Yr. If Under 24 Hrs.
March 1988		oys Hours Min.
	12. CITIZEN 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	OF COUNTRY?
	Construction set thio	
	14. MOTHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  No 10 302 03 7888 Gerald Distel, 1301 W. Baltimore St	
		NTERVAL BETWEEN
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	LEADING TO DEATH  (This does not meen the mode of dying e.g.,  (This does not meen the mode of dying e.g.,	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO DUE TO	**************************************
	UNDERLYING CONDITION LAST.	
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.)    MHILE AT   NOT WHILE     AT WORK     22.	
	I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my opinion	
	resulted from: Natural couses X Accident Suicide Homicide Undetermined manner	
	ACTUAL ACTUAL ACCUSED	DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	2/65
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER X 4/1	1/05
	23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or countermediate)	inty) (Stote)
	Buria, 110r. 5,1965 Loudon Park Cen. Baltimore, 11d.	DRESS
	24A. DATE REC'D BY HEALTH DEPT.  APR 6 1966 P. C. S. E. Talkey M. M. Thomas J. Kerry, Inc. 1600 Holling	
ENGLISH THE	All to total designation of the stage of the	360
	VS 151-REV. 1/1/65	



IMPORTAN

FUNERAL DIRECTOR:



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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65 3600

BIRTH NO.	MEDI	CALEX	AMINER 3 C	EKTIFICA	IE OF I	DEATH Registr	erea No	
M.E. CASE NO.	CEASED				DATE AND	D HOUR PRONOUNG	ED DEAD	
(Type or Print)	ELLSWORTH		TAYLOR			. 1, 1965	LO DEAD	2:20 P
3. PLACE IN BAL	TIMORE, MARYLAND, W			I A. STATE			titutian: resi UNTY	dence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION	ITION, GIVE STREET	C. CITY OR TO		e corporate limits, writ	e RURAL o	nd give township)
Pro	ovident Hospit	:al		D. STREET ADD		give locotion) len Avenue		
5. SEX Male	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	3/9/04		9. AGE (In years last birthday)		Days Hours Min.
	UPATION (Give kind of work working life, even il retired)	108. KIND OF	BUSINESS OR INDUSTRY		(State or foreignore Md	n country)	12. CITIZ WHA	EN OF
Unknown	ME	*		Carrie		E T		w
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Mrs Ann		y 2831 Spek	ADDRESS lman	Rd
DISEASES RISE TO TH UNDERLY!	nat mean the mode of in, asthenio, etc. It means implication which coused antecended on the coused of the coused of the coused of the coused on the couse (a) standard of the couse (b) standard of the couse (b) standard of the couse (c) standard of the	S NY, GIVING 'ATING THE	(B)			ovascular D		
DISEASE O	DEATH BUT NOT REI PR CONDITION CAUSING F OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION			20B, IF YES, WERE F		
21 A. EXTERNA	L CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. office bldg., INJUS	WHERE DID	(If in Boltimore City, g	ive exoct lo	acatian)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	v	VHILE AT NOT	WHILE	ILNI DID WOI	JRY OCCUR?		
	URE NER'S	uses X A	Inspection Au	rapsy ar	MEDICAL EX			DATE SIGNED 4/1/65
23A. BURIAL CRE REMOVAL (Specification)	MATION, 238. DATE 4/8/6	5	Mt Calvary	Cemetry	A	A County	Md	
24A. DATE REC'D	APR 6 196	Pak NAME	of registrar & E. Garley M.		phus Ha			d Hill Ave
VS 151-REV. 1/1.	/65		99	3	J U C			

Accident

resulted fram; Natural causes K

CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 4-5-65 NAME (Type) PETER W. RIECKERT, M.D. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Whitesville Carolina North 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Halstead 918 Druid Hill Ave Adolphus VS 151-REV. 1/1/65

Suicide

Homicide

Undetermined manner

Birth Cert. from North Carolina for Robert Sisco Long born 10-25-1931.

IMPORTANT

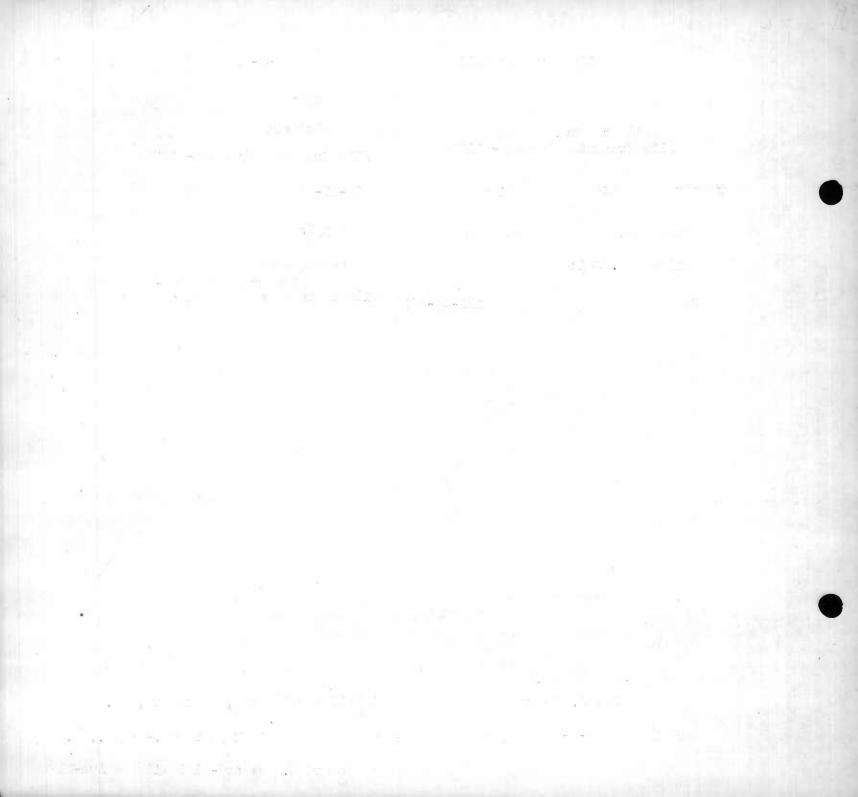
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

The first of the second of the second

Temale   White   Widow   12-17-84   80	3603
Type or Panil   E11a May Russel1   4-2-65     4-2-65     3. PLACE OF DEATH IN BALTIMORE, MARTLAND     4. USUAL RESIDENCE (Whose decosed lived. If institutions of the property of the proper	
FULL NAME OF HOSPITAL OR STATE  FULL NAME OF HOSPITAL OR STATE  SILVER Cross Home  5124 Greenwich Avenue - 21229  5. SEX  Female  White  To A. WARRIED Wildow  To A. USUAL RESIDENCE (Whose decoased lived. If institution. A. STATE  Maryland  C. CITY OF YOWN (If outside city limits, write RURAL or Baltimore)  D. STREET ADDRESS (If rurol, give locotion)  5124 Greenwich Avenue - 21229  S. SEX  Female  White  To A. USUAL OCCUPATION (Give kind of work lob. KIND OF BUSINESS OR INDUSTRY WIND Months of Months o	6:50P,
FULL NAME OF HOSPITAL OR Oddess or locotion)  Silver Cross Home  5124 Greenwich Avenue - 21229  5. SEX OF ARCE White Wildow DIVORCED (specify) Wildow 12-17-84  104. USUAL OCCUPATION (Give kind of work) Homemaker  105. SPATHER'S NAME  William B. Smith  105. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of sovice) No  105. SECURITY No. 213-10-1834  105. SOCIAL SECURITY No. 213-10-1834  105. SACIAL CAUSE OF DEATH  OWN DIVORCED (specify) William B. Smith  15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of sovice) No  105. SOCIAL SECURITY No. 213-10-1834  CAUSE OF DEATH  OWN DIVORCED (specify) William B. Smith  15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no follow), of the property	rosidenco beloro odmission
Silver Cross Home 5124 Greenwich Avenue - 21229  Silver Cross Home Figure Figur	8-04
Maryland  3. FATHER'S NAME  William B. Smith  5. Wos Decessed Ever in U. S. Armed Forces?  NO  18. — I  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., injury or complication, electified, electified)  ANTECEDENT CAUSES  DISEASE OR CONDITION, if ony, giving rise to the observed conditions of the observe cause (A) sfaling the UNDERLYING CONDITION lost.  NO  19. AACCIDENT WAS UNDERLYING TO PERATION  19. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH  19. AACCIDENT WAS UNDERLYING TO PERATION  12. CITY WILLIAM 12. APPROACH 19. CONDITION FOR WHICH OPERATION  12. CITY WILLIAM 12. APPROACH 19. CONDITION FOR WHICH OPERATION  13. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH  20. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH  21. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OF THE DISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION  19. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  19. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  19. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  19. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  20. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  20. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  20. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION  20. AACCIDENT WAS UNDERLYING TO LAUSE OF DEATH OPERATION OF THE DISEASE OF CONDITION TO AUSE OF DEATH OPERATION OF THE DISEASE OF CONDITION TO AUSE OF DEATH OPERATION OF THE DISEASE OF CONDITION OF THE DISEA	
ema 1e White Widow 12-17-84 lost birthdoy 80  A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) HOME Maryland	- 1 V- K II day 24 H-
Homemaker  Own Home  Homemaker  William B. Smith  Swood Deceased Ever in U. S. Armed Forces? es, no or unknown) [Iff yes, givo wor or dotes of sorvice]  No  16. SOCIAL SECURITY NO. 213-10-1834  To Informant 5124 Greenwich Ave-29 Silver Cross Home Hospital Reco  CAUSE OF DEATH  (This does not meon the mode of dying, e.g., heart foilure, eather), etc. If means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING OR CONTRIBUTING CAUSES of DEATH and the proposed force bidd. (INDIBLY OCCUR?)  20. CONTRIBUTING CAUSE OF INJURY (o.g., in or obout 21.C., WHERE DID appear from locing street of the bidd. (INDIBLY OCCUR?)	or 1 Yr. If Under 24 Hr Doys Hours Min.
Homemaker Own Home Maryland  B. FATHERS NAME  William B. Smith  William B. Smith  William B. Smith  Maggie Schauman  17. INFORMANT 5124 Greenwich Ave-29  Silver Cross Home Hospital Reco  18.	IZEN OF TAT COUNTRY?
William B. Smith  Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, givo wor or dotes of sorvice)  NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, asthenia, elsc. If means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION T	
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No Deceased Ever in U. S. Armed Forces? es, no or unknown) (III yes, givo wor or dotes of sorvice)  No   16. SOCIAL SECURITY No.   213-10-1834   21. INFORMANT 5124 Greenwich Ave-29   Silver Cross Home Hospital Reco   18.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, astherio, etc. If means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) staling the UNDERLYING CONDITION lost.  (B) DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF DATE of INJURY (o.g., in or obout 21C, where DID 21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (o.g., in or obout 21C, where DID 21C. WHERE DID 2	ADDRESS rds
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heort foilure, asthenio, etc. If means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) staling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, given form fortery street office bidg. INJURY OCCUR?)	INTERVAL BETWEEN
198. CONDITION CAUSING II.  198. CONDITION FOR WHICH OPERATION  198. CONDITION FOR WHICH OPERATION  208. AUTOPSY? (Yes or No)  208. IF YES, WERE FINDING  IN CERTIFYING CAUSES OF  218. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID  219. A CCIDENT WAS UNDERLYING  218. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID  219. CONTRIBUTING  210. AUTOPSY? (Yes or No)  21	
J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, gi	S CONSIDERED
J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, gi	
DEATH (notify modical examinar)	ve exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID (NJURY OCCUR?  While At Not While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram Jan 1965 to april	19 65
that (1) (we) last sow the deceased alive on april 2 1965 and that in (my) (out) opinion deceased.	oth accurred on the d
and haur and fram the couses stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	TE SIGNED
M.D. Attending Med. Stoff Phys. University Phys.	3/60
23C. PHYSICIAMS NAME Typo)  T. C. Caver  M.D. 1 Mallow Hill Road Baltimore	Ma
Leo J. Gaver M.D. 1 Mallow Hill Road, Baltimore,  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, 10 wo.)	
REMOVAL (Specify)	
Burial 4-5-65 Parkwood Cemetery 3310 Taylor AveBa	
APR 6 1965 Declar English Howard Ho Hubbard-4107 Wilke	ns Ave-21229



VS 150-REV, 1/1/65

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Carlot Ut. III and Ball I have been been been

IMPORTANT

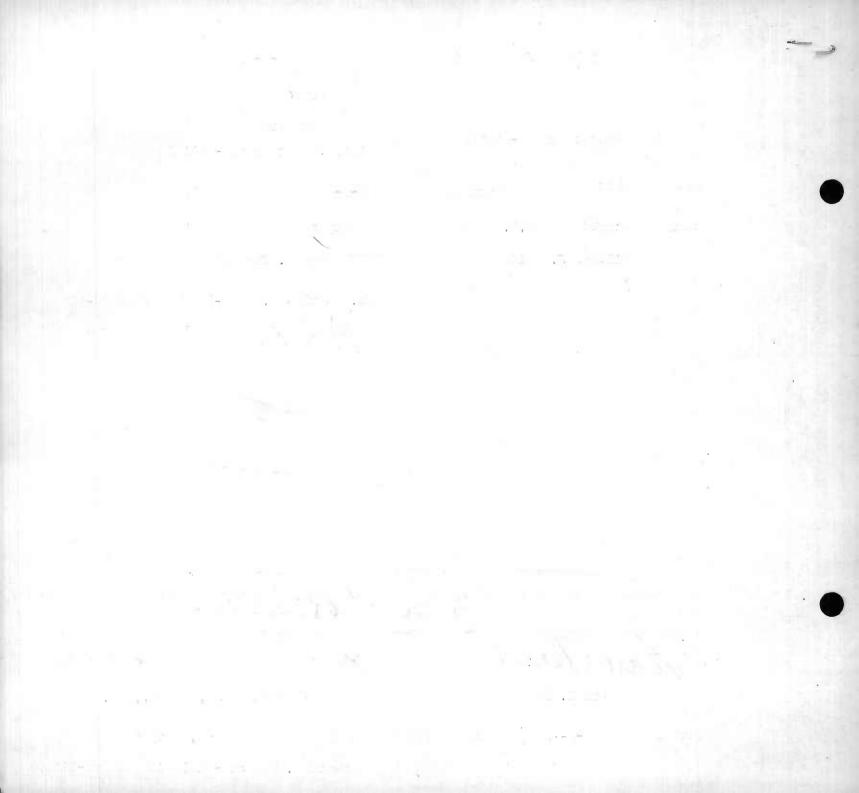
FUNERAL DIRECTOR:

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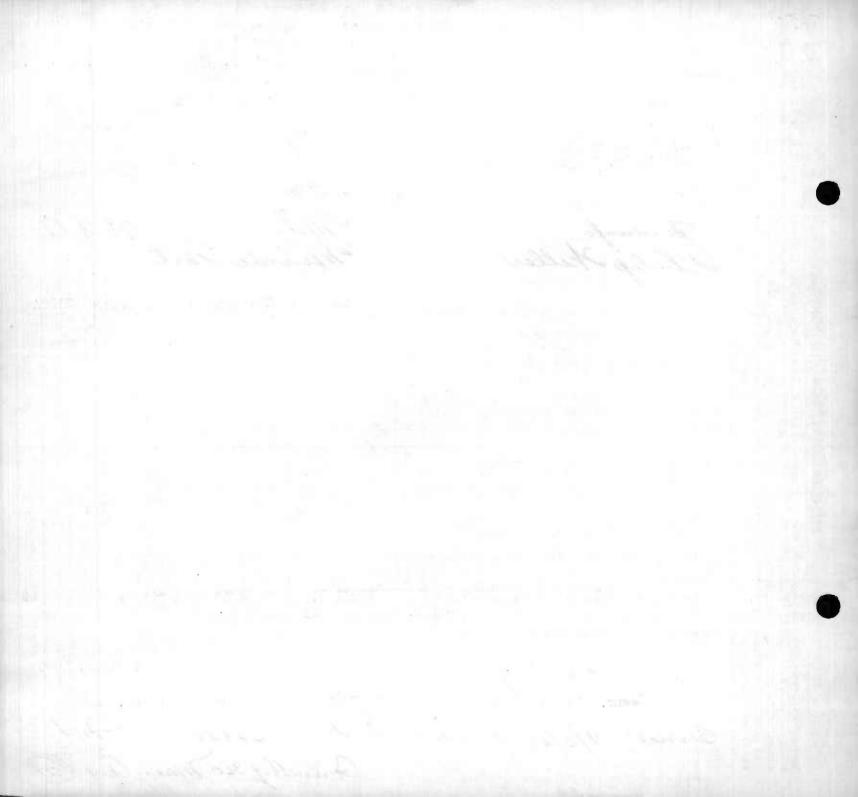
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VS 150-REV. 1/1/65

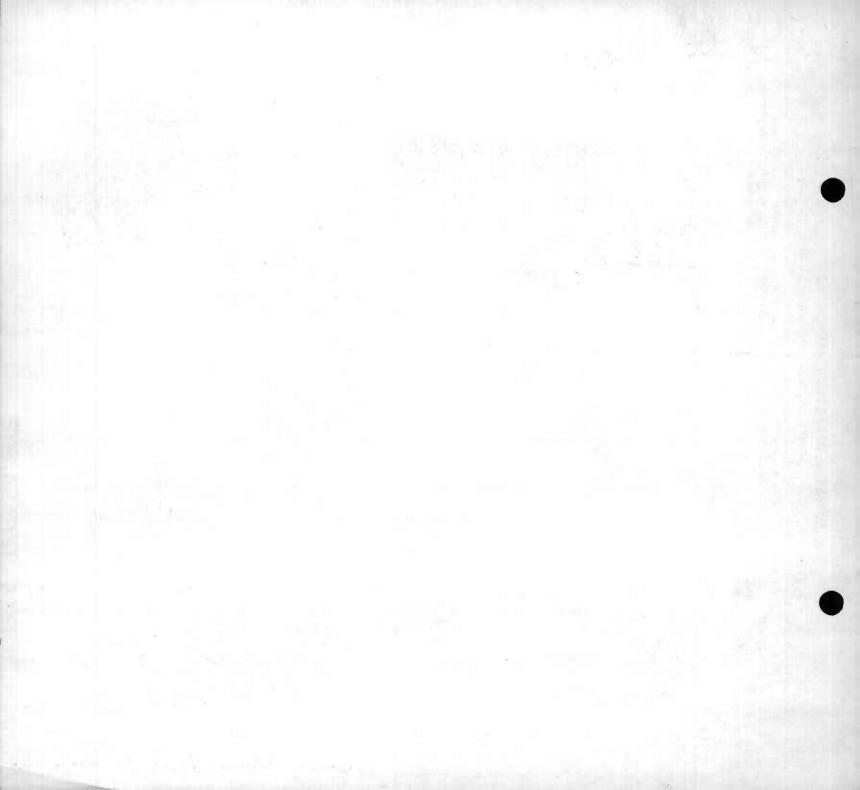
05 055	BALTIMORE (	CITY HEALTH DEPARTMENT		CF 2000
BIRTH NO. 65 3606	CERTIFIC	CATE OF DEATH	Registered Na.	65 3606
A.E. CASE NO.  NAME OF DECEASED  Type or Print)  William	T D-: 1		NO HOUR OF DEATH	
MITITAL		4-2-		
FULL NAME OF HOSPITAL OR Oddress or locoh	I or institution, give street	Maryland  c. City Or town (If our Baltimore)	1TY	RURAL ond give township)
2823 Sunset Dr	ive - 21223	D. STREET ADDRESS (IF 2823 Sunset Dr		3
Male 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married	4-9-89	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of we one during most of working life, even if retired Clerk Retired		Maryland		12. CITIZEN OF WHAT COUNTRY?
William J.	Reid	Sara E. Fr		
s, Was Deceased Ever in U.S. Armed Fes, no or unknown) (If yes, give wor or do	orces?  16. SOCIAL SECURITY NO.	17. INFORMANT	n-11 1000 *	ADDRESS
18. // ) / 1		Mr. Charles R.	Ke1d=1800 F	Hanford Rd-21206
DISEASE OR CONDITION DE LEADING TO DEATH  (This does not mean the made of heart failure, asthenia, etc. It mean injury ar complication which cause	IRECTLY  I (A)  If dying, e.g., DUE TO  s the disease,	ASCC	D	ONSET AND DEATH
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION lost.	ony, giving			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	ATED TO THE			
19A. DATE OF OPERATION 19B. CO WAS PE	RFORMED	.g., in or obout 21 C. WHERE DID t, office bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, stree	, office bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		21F, HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this haspit that (I) (we) last saw the decea	6-71	196 5 ond th	1959 to de ap	19 6 Sinian death accurred an the da
23A. SIGNATURE	M.D.	Attending Med, Director	Stoff Phy s.	238 DAYE SIGNED
23C. PHYSICIAN'S NAME (Type) Earl I.	Pass	23D. ADDRESS A.D. 4001 Wilkens	Avenue, Bal	to., Md.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of			City, town, or county) (Stote)
Burial 4-5-6			Woodlawn, Ma	
APR 6 1965	25B. NAME OF REGISTRAR	Howard H. Hul	3	ADDRESS Wilkens Ave-21229



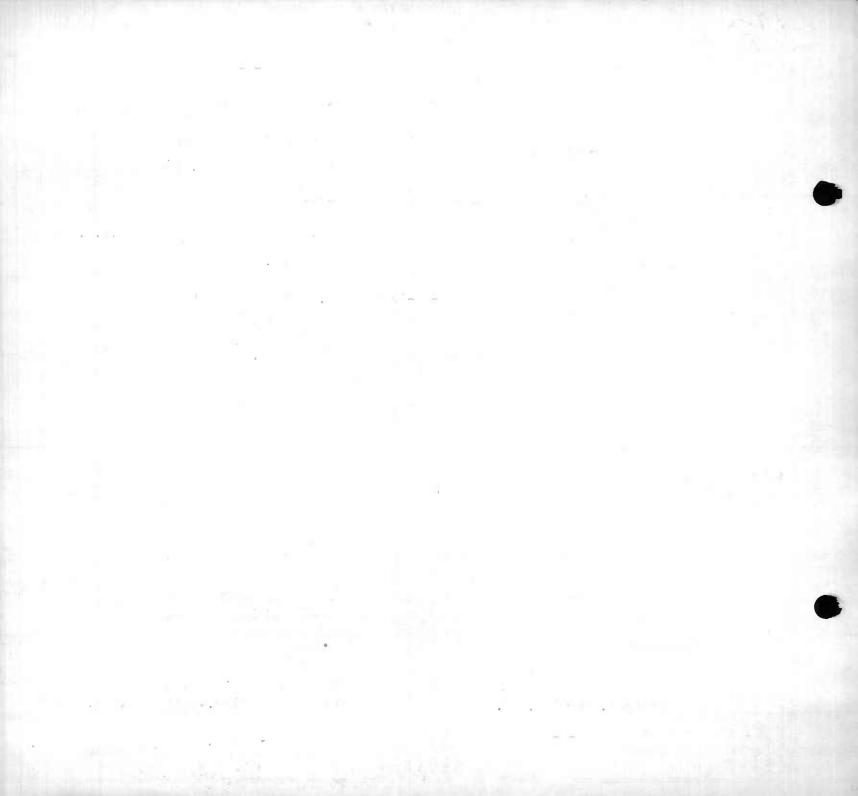
	BALTIMORE (	CITY HEALTH DEPARTMENT	NE 000			
	RTH NO. 65 3607 CERTIFIC	CATE OF DEATH Registered N	. 65 3607			
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEAT	тн			
(Ту	Katherine Durding	April 2, 1965	8:15 P.M			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II A. STATE B. COUNTY	f institution: residence before odmission)			
	FULL NAME OF (II not in hospital or institution, give street	Maryland Baltimore				
	HOSPITAL OR address or locotion)	C. CITY OR TOWN (If outside city limits, wri	te RURAL ond give township)			
1	Baltimore City Hospitals	RURAE:	5300			
	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)				
_	Baltimore, Maryland, 21224	108 Kingston Park Road	d			
	Female White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH  2-13-11886  9, AGE (In years lost birthday)  79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10,	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU:	TRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
,0	Housewife	Md.	71.10			
13.	EATHER'S NAME	14. MOTHER'S MAIDEN NAME	-			
	Philip Heller	Munnie For				
5. Y ∈	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		RECORDS: BCH: 4940 East	tern Avenue #21224			
	18. 5 70.01 CAUS	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
	LEADING TO DEATH	Mesenteric Vascular Occlus:	ion 2 days			
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,					
	injury ar camplication which caused death.)					
	ANTECEDENT CAUSES  (B)  DUE TO	**************************************				
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)					
	UNDERLYING CONDITION last.		gu distri immenimente il ligiti il u man sament della accidente della di codi e della di codi			
	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
CERT	21A ACCIDENT WAS INDESTRING TO 1219 BLACE OF THE PARTY OF	Yes	Ies			
	OR CONTRIBUTING CAUSE OF home form factory, stree	g., in ar about 21C. WHERE DID (If in Boltin NJURY OCCUR?	nore City, give exact location)			
ICAL						
AEDI	OF INJURY	21F. HOW DID INJURY OCCUR?				
S	(APPROX.) While At Wark Not	While ark				
	22. 1 certify that (1) (this hospital) attended the deceased fram	April 2, 19 65 to A	pril 2, 19 65			
that (I) (we) last saw the deceased alive an April 2, 19 65 and that in (my) (aur) apinion deoth occurred an the d						
	and have and from the couses stated above. (1) (We) (did) (dld no		, and the date of			
	23A. SIGNAT, URE	, ine bady and dealine	23B, DATE SIGNED			
	I Park A Ford M.D.	Attending Med. Stoff Phys. X	April 2, 1965			
	23C. PHYSIOIAN'S	Phys. Director Phys. 23 D. ADDRESS	Whit 7, 1402			
	NAME (Type)					
0.1	M. RECHAIU Balle	4940 Eastern Avenue Bal				
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (Stote)			
6	surial 4/6/65 douden	ark Salto.	ma.			
25	A. DATE REC'D BY HEALTH DEPY 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	APR 6 1969 (12 Genove internegri	Connelly 300 Mg	see (lul (21)			
15	16A BEN 1/1//E	1				

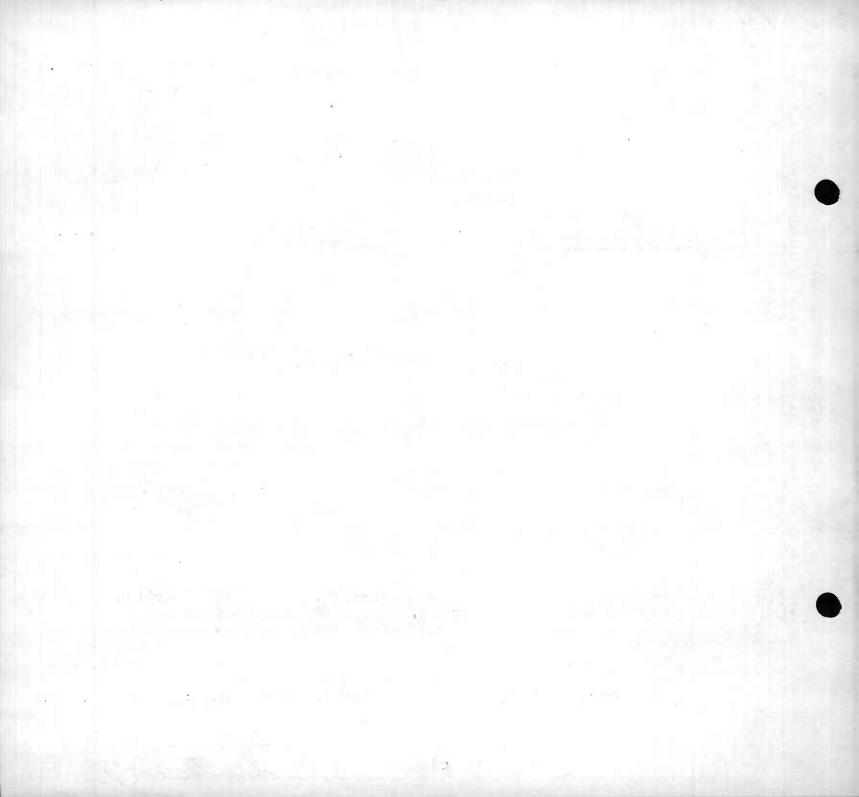


	BALTIMORE CIT	Y HEALTH DEPARTMENT	OF DOOR
IRTH NO. 65 3608	CERTIFICA	ATE OF DEATH Registered Na	<u>65 3608</u>
A.E. CASE NO.		2, DATE AND HOUR OF DEATH	1.2
Type or Print)	Evelyn	4/2/65	5 75
PLACE OF DEATH IN BALTIMORE, MANYLAND		4. USUAL RESIDENCE Where deceased lived. If ins A. STATE B. COUNTY	titution: residence before admission
FULL NAME OF (If not in hospital or instituti	on, give street	Md. Balfo	
INSTITUTION		C. CITY OR TOWN (Is outside city limits, write RI	
Sinai Hospital	18.06	D. STREET ADDRESS (If rural, give location)	1 11-
	/ Jack	14 Langley Ro	( #20
F in wido	(HED, NEVER MARRIED (WED, DIVORCED (specify)	B. DATE OF BIRTH OS. AGE In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	1 11	Y 11. BIRTHPLACE State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marine	Home	ma.	4.8.4.
albert Perry		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dotes of services)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		tharles 9. (Husband)	Same as about
18. / 7 / X	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		R 1	
(This does not mean the mode of dying,	e.g., DUE TO	Dronehopengumini	A
heart failure, asthenia, etc. It means the diser	ase,		
ANTECEDENT CAUSES	(B)	Lung Metastases	
DISEASES OR CONDITIONS, if ony, give	DUE TO		
rise to the obove couse (A) stoting		a of (envir	ininfalid (wha co : ca o roo co c
UNDERLYING CONDITION last.		0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? Yes or No. 20B. IF YES, WERE F.	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obouf 21 C. WHERE DID (If in Bollimore office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh		
22. I certify that (I) (this hospital) attended	ed the deceased from	4/1 1965 ta	1965
that (1) (we) last saw the deceased alive	6/-		ian death accurred an the d
and hour and fram the causes stated above			
23A. SLONATURE	s. (1) ( d) (did) (did ild)	view the oddy differ doding	23B. DATE SIGNED
Illian of no	M.D. A	ttending Med. Stoff	4/5/15
23C. PHYSICIAN'S	- Cre	23D. ADDRESS	12/63
NAME (Type)	Toher M.D	(1 1 1 1	0 B. H.
	80141	-1101 100	y, town, or equally) (State)
BEMOVAL (Specify) Come 5-1962	Hundre	Cemetery Bedderd Co.	Pennea
25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 6 1965 (R.C.	PER SELLE MA	Mingelli Transel Ilan	, 300 muce a
/S 150-REV. 1/1/65	Source Acres and	Janes Janes	_ 300
0 100-10 Tr 1/ 1/ 00			



	e or Print)		nd Borris			DATE AND HOUR OF	1	
3. P	ACE OF DE	Arthur Rolar	RYLAND		4. USUAL RESIDE	\$-3-65 NCE (Where deceased live B. COUNTY	ved. If institution; re	sidence 1
H	ULL NAME O OSPITAL OR ISTITUTION	F (If not in hospital oddress or locatio	or institution, g	give street	Md,	Baltimore  (If outside city limits	s, write RURAL and	d give to
0	Goul	d Nursing Hom	ne		Balti D. STREET ADDRE			
5. \$1	X	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthdoy)	ors If Under	r 1 Yr. ,
	Well a	What a		, DIVORCED (specify)	_		Months	Days
		JPATION (Give kind of working life, even if retired)	k 10B, KIND OF	owed BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	ate or foreign country)	12. CITIZ	ZEN OF
done	_	Clerk			Md.			.S.A
13. F	ATHER'S NAM				14. MOTHER'S MA	IDEN NAME		10 444
	John	Davis			Mary	Ness		
15. V	os Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT			ADDRE
	No	yes, give wor or dote	es or service/	212-07-3267	Mr. Ca	rl LaMont 6	20 Parkwy	rth.
	IB. 42	2./ 1		CAUSE O	F DEATH			INTERVA
	heart failure, injury ar carr DISEASES C rise la lhe	nat mean the made af asthenia, etc. Il meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	the disease, death.)	(B)	ris Solir		0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ATION	heart failure, injury ar carr  DISEASES C rise la Ih UNDERLYINC  OTHER SIGNI TO THE D DISEASE OR	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	the disease, death.) any, giving stating the CONTRIBUTING	(B)				
RTIFICATION	heart failure, injury ar carr  DISEASES C rise la Ih UNDERLYINC  OTHER SIGNI TO THE D DISEASE OR	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.  II FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	any, giving slating the	(B)			0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
CAL CERTIFIC	DISEASES Conservation of the Disease	asthenia, etc. II meons uplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.	any, giving slating the CONTRIBUTING ATED TO THI	(B) DUE TO  (C)  WHICH OPERATION  PLACE OF INJURY (e.g., ir e., form, foctory, street, of	20A. AUTOPSY?	(Yes or No) 20B. IF YES,		CONSI DEATH?
CAL CERTIFIC	DISEASES Conservation of the Disease	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION (ast.)  FICANT CONDITIONS OF CAUTH BUT NOT RELACED OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION OPERATION OPERATION 198. CONDITION	any, giving stating the CONTRIBUTING ATED TO THI	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ir of form, foctory, street, of INJURY OCCURRED	20A. AUTOPSY? n or obout 21C. WHE ffice bldg., INJURY C	(Yes or No) 20B. IF YES,	, WERE FINDINGS NG CAUSES OF E Boltimore City, give	CONSI DEATH?
MEDICAL CERTIFIC	DISEASES Crise la lihe UNDERLYING  OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF  21A-ACCIDE! OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION (ast.)  FICANT CONDITIONS OF CAUSE OF CONDITION CAUSING OPERATION 198. CONWAS PER TOWN CONDITION CAUSING OPERATION (ASTEROIDADE CAUSE OF CAUSE	any, giving slaling the CONTRIBUTING ATED TO THIT.  IDITION FOR V FORMED  218. hometc.)  (Hour) 21E. Whi Wor	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ir e, form, foctory, street, of injury occurred  INJURY OCCURRED  Le At Not While At Work	20 A. AUTOPSY? n or obout 21 C. WHE ffice bldg., INJURY C	(Yes or No) 208, IF YES, IN CERTIFY)  RE DID (If in CCCUR?	, WERE FINDINGS NG CAUSES OF E Boltimore City, give	CONSI DEATH?
MEDICAL CERTIFIC	DISEASES Crise la lihe UNDERLYING  OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF  21A-ACCIDE! OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION (ast.)  FICANT CONDITIONS OF CAUSE OF CONDITION CAUSING OPERATION 198. CONWAS PER TOWN CONDITION CAUSING OPERATION (ASTEROIDADE CAUSE OF CAUSE	any, giving slaling the CONTRIBUTING ATED TO THIT.  IDITION FOR V FORMED  218. hometc.)  (Hour) 21E. Whi Wor	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ir e, form, foctory, street, of injury Occurred Not While	20A. AUTOPSY?  n or obout 21C. WHE ffice bldg,, INJURY C	RE DID (If in CCCUR?	, WERE FINDINGS NG CAUSES OF E Boltimore City, give	CONSI DEATH?
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MEDICAL CERTIFIC	DISEASES Crise to The DISEASE OR OTHER SIGNIT TO THE DISEASE OR 19A-DATE OF OR CONTRIBLE DEATH (notify (APPROX.)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.  FICANT CONDITIONS OF EATH BUT NOT RELACEDENT NOT RELACEDENT NOT RELACEDENT NOT RELACEDENT NOT WAS PER NOT WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (1) (this hospital last saw the decease of fram the causes sta	any, giving slating the CONTRIBUTING ATED TO THIST.  CONTRIBUTION FOR V FORMED  (Hour)  21 B. horm etc.)  (Hour)  21 B. Whith word was a standard the dolive an	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ir e, form, foctory, street, of injury occurred  INJURY OCCURRED  Le At Not While At Work	20 A. AUTOPSY?  In or obout 21 C. WHE ffice bidg., INJURY C	(Yes or No) 20B. IF YES, IN CERTIFY)  RE DID (If in CCUR?)  / DID INJURY OCCUR?	WERE FINDINGS ING CAUSES OF E	CONSIDEATH?
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MEDICAL CERTIFIC	DISEASES Crise to the UN DERLYIN OTHER SIGNIT TO THE D DISEASE OR 19A. DATE OF CONTRIBLUTION OF THE CONTRIBUTION OF THE CONTRIBU	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION (ast.)  FICANT CONDITIONS CAUSING OPERATION (AST PER CONDITION CAUSING OPERATION (AST PER CONDITION CAUSING OPERATION (AST PER CONDITION CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (**his hospital**  I ast saw the deceased from the causes staller*	any, giving slating the CONTRIBUTING ATED TO THIST.  CONTRIBUTION FOR V FORMED  (Hour)  21 B. horm etc.)  (Hour)  21 B. Whith word was a standard the dolive an	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  At Work  deceased fram  (We) (did) (did nat) v  M.D. Atte Phy:	20A. AUTOPSY?  n or obout 21C. WHE ffice bldg, INJURY C	(Yes or No) 208. IF YES, IN CERTIFY  RE DID (If in DCCUR?)  / DID INJURY OCCUR?	WERE FINDINGS ING CAUSES OF E	CONSIDEATH?
MEDICAL CERTIFIC	DISEASES Crise to The DISEASE OR OTHER SIGNIT TO THE DISEASE OR 19A-DATE OF OR CONTRIBLE DEATH (notify (APPROX.)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION (ast.)  FICANT CONDITIONS CAUSING OPERATION (AST PER CONDITION CAUSING OPERATION (AST PER CONDITION CAUSING OPERATION (AST PER CONDITION CAUSE OF medical examiner)  (Month) (Day) (Year)  that (I) (**his hospital**  I ast saw the deceased from the causes staller*	any, giving slating the CONTRIBUTING ATED TO THIST.  CONTRIBUTION FOR V FORMED  (Hour)  21 B. horm etc.)  (Hour)  21 B. Whith word was a standard the dolive an	PLACE OF INJURY (e.g., ire, form, foctory, street, of the At Work At Work)  Not While At Work  Not While At Work  Not While At Work  Not While At Work  At W	20A. AUTOPSY?  In or obout 21C. WHE ffice bidg., INJURY C	(Yes or No) 20B. IF YES, IN CERTIFY)  RE DID (If in OCCUR?)  / DID INJURY OCCUR?  1950 ta and that in (my) (extraction of the occurs of the oc	Boltimore City, give	CONSIDEATH?  e exoct
MEDICAL CERTIFIC	DISEASES Crise to Thomas to Thomas to The Tours of the Disease or 19A. ACCIDED OR CONTRIBUTION (APPROX.)  21 D. TIME DE TIME OF INJURY (APPROX.)  22 I certify that (1) (was and haur one of the Tours o	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION last.  FICANT CONDITIONS (EATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease of from the causes stated from the cause of t	any, giving stating the CONTRIBUTING ATED TO THIS.  (Hour) 21E. Whim Word at the dolive an	(B) DUE TO  (C)  PLACE OF INJURY (e.g., ire, form, foctory, street, of injury Occurred to the deceased from the deceased	20A. AUTOPSY?  n or obout 21C. WHE ffice bidg., INJURY C  21F. How  e	RE DID (If in CERTIFY)  RE DID (If in CECUR?  / DID INJURY OCCUR?  1950 taand that in (my) (ear death.	Boltimore City, give	CONSIEDEATH?  e exoct  th accu  E SIGNE
MEDICAL CERTIFIC	DISEASES Crise to the UNDERLYING  OTHER SIGNITOR THE D DISEASE OR  19A. DATE OF  21A. ACCIDETOR CONTRIBLE  DEATH (notify  21D. TIME  DEATH (notify  21D. TIME  DEATH (notify  21D. TIME  22D. TIME  22D. TIME  23D. TIME  23C. PHYSICIA  NAME (T	asthenia, etc. II means aplication which caused antecedent Caused antecedent Caused antecedent caused (A). The conditions of the conditions of the conditions of the condition o	any, giving stating the CONTRIBUTING ATED TO THI IT.  218. hometc.)  (Hour) 21E. Whi wor ted above. (I	PLACE OF INJURY (e.g., ire, form, foctory, street, of the At Work At Work)  Not While At Work  Not While At Work  Not While At Work  Not While At Work  At W	20A. AUTOPSY?  n or obout 21C. WHE ffice bidg., INJURY C  21F. How  e	(Yes or No) 20B. IF YES, IN CERTIFY)  RE DID (If in OCCUR?)  / DID INJURY OCCUR?  1950 ta and that in (my) (extraction of the occurs of the oc	Boltimore City, give	CONSIDEATH?  e exoct  th accu  E signif

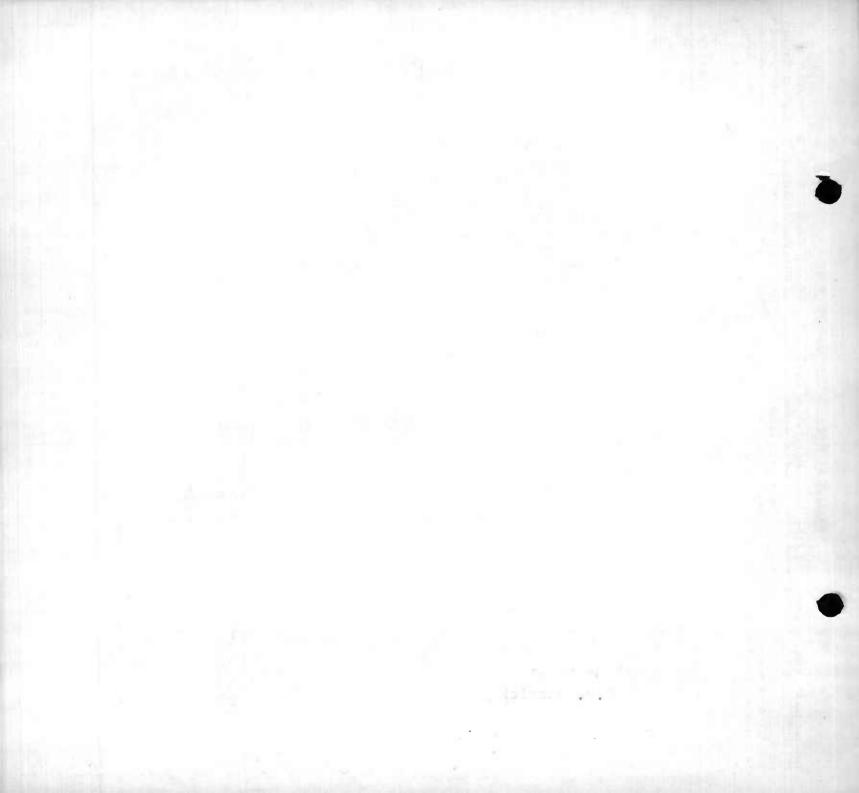




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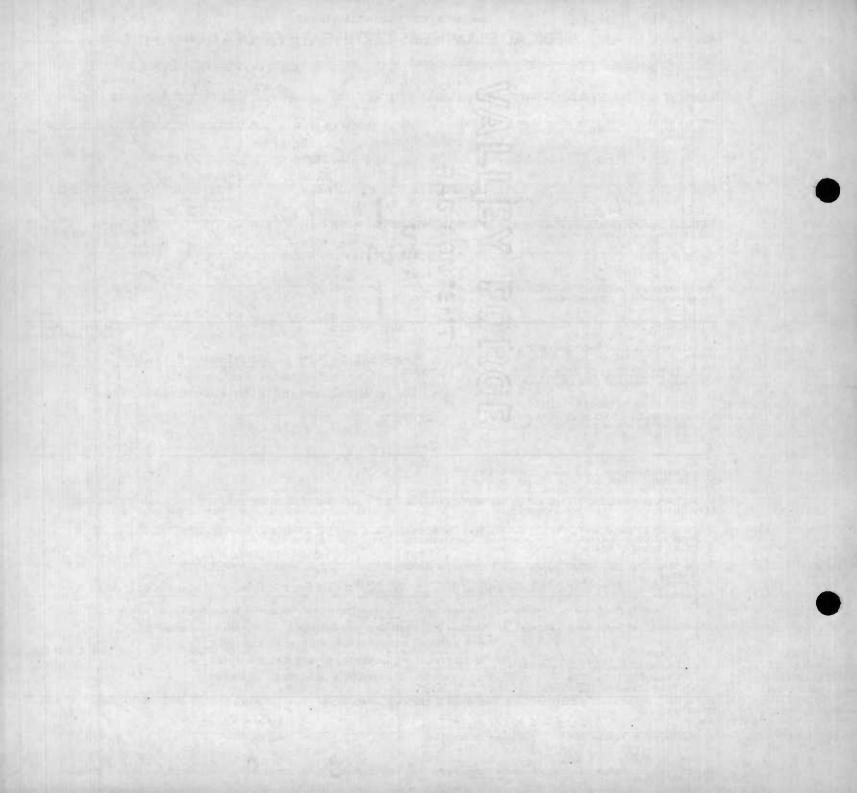
DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township			
IN S	TITUTION			Baltimore		15-00		
1	Prov	ident Hospit	a1	D. STREET ADDRESS (If rurol, give location)				
1				3108 Reist	erstown Road			
5. S	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		
M	la1e	Negro	WIDOWED, DIVORCED (Specily)	Dept. 9. 1932	2 32	World State of State		
		PATION (Give kind of working life, even if retired)	NOB. KIND OF BUSINESS OR INDUSTRY	11. BIETHPLACE (State or foreig	on country!	12. CITIZEN OF WHAT COUNTRY?		
		rer	Construction	Jamas Jan	the Carolina			
13.1	FATHER'S NAME	12.	-01	14. MOTHER'S MAIDEN NAM	1 2. bi	0		
	W	elliam ,	Marcus	Ophelia	Kirkla	ind		
		EVER IN U.S. ARMEI		17. INFORMANT		ADDRESS		
	NO		249-46-7590	Ennestrie 7.	Narcus	Same		
	18. S	9,4	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE	OR CONDITION D	IRECTLY					
		LEADING TO DEAT	H (A) Cereb	bral Injury (contusions of brain				
	heart failure,	t mean the mode of osthenio, etc. It mean plication which caused	death) and death)	nd thrombosis of left middle				
			ce	rebral artery wi	th encephalo	malacia.)		
		R CONDITIONS, IF	(R)	000000000000000000000000000000000000000				
1	RISE TO THE	ABOVE CAUSE (A) S	STATING THE					
z	UNDERLYING	G CONDITION LAST.	(C)					
2		II						
S	OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING					
H	DISEASE OR	CONDITION CAUSIN	G IT.	777				
CERTIFICATION	19A, DATE OF		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) Yes	20B. IF YES, WERE FINE			
	21 A. EXTERNAL	CALLSE WAS				Yes		
MEDICAL	UNDERLYINGX	OR CONTRIB-	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)					
JED JED			Street			f Liberty Hgts.		
	OF INJURY	(Month) (Doy) (Yes		21F. HOW DID INJ	JRY OCCUR?			
	(APPROX.)	3 20	65 A WHILE AT NOT W	WHILE X Driver of	auto into fi	xed object.		
	22. I certi	fy that I held on	Inquiry Inspection Aut	opsy ond that on th	is bosis, deoth in my	opinion .		
	resulte	ed from: Notural co	ouses Accident Suicide	Homicide .	Undetermined monner			
		0/		CHIEF MEDICAL EX	AMINER -	DATE SIGNED		
	SIGNATU	RE CL	rules I Felly M.D.	ASSISTANT MEDICAL EX	AMINER X	4/1/65		
	EXAMINE	R'S		ASSOCIATE MEDICAL E		1/1/03		
23.A	NAME (T		23C. NAME of CEMETERY o	CREMATORY	OCATION (City	town, or county) 2 (State)		
	YOVAL (Specify)		0 . 4 .	CREMATORY 2307		town, or county) (Stote)		
1	temous		65 Bether	ta	mar	s.C.		
244	A. DATE REC'D 8	Y HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS		



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DIRECTOR:

FUNERAL

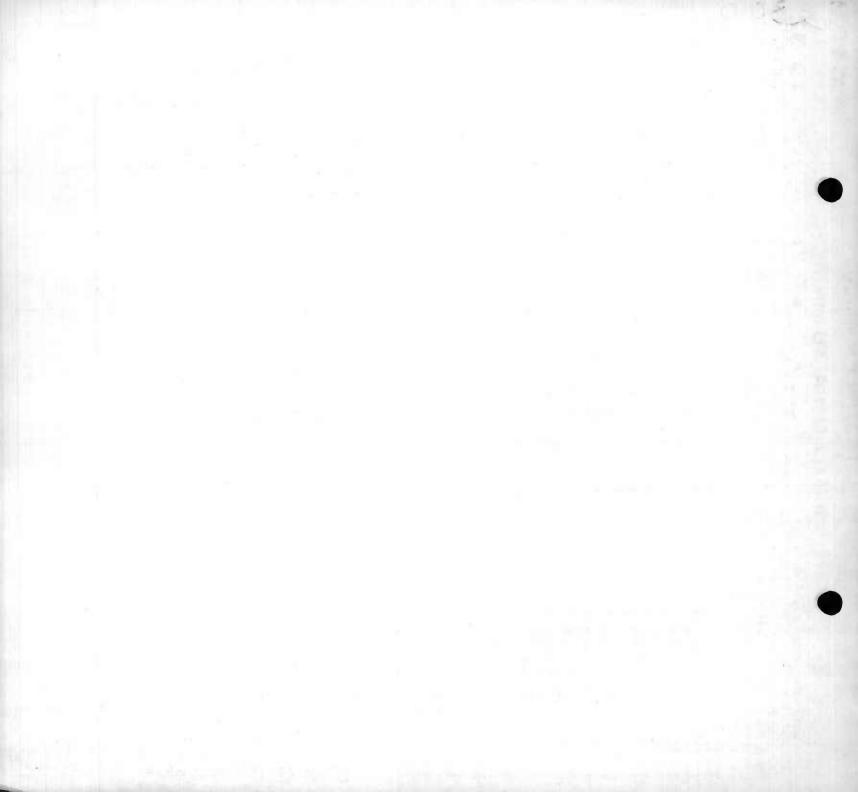
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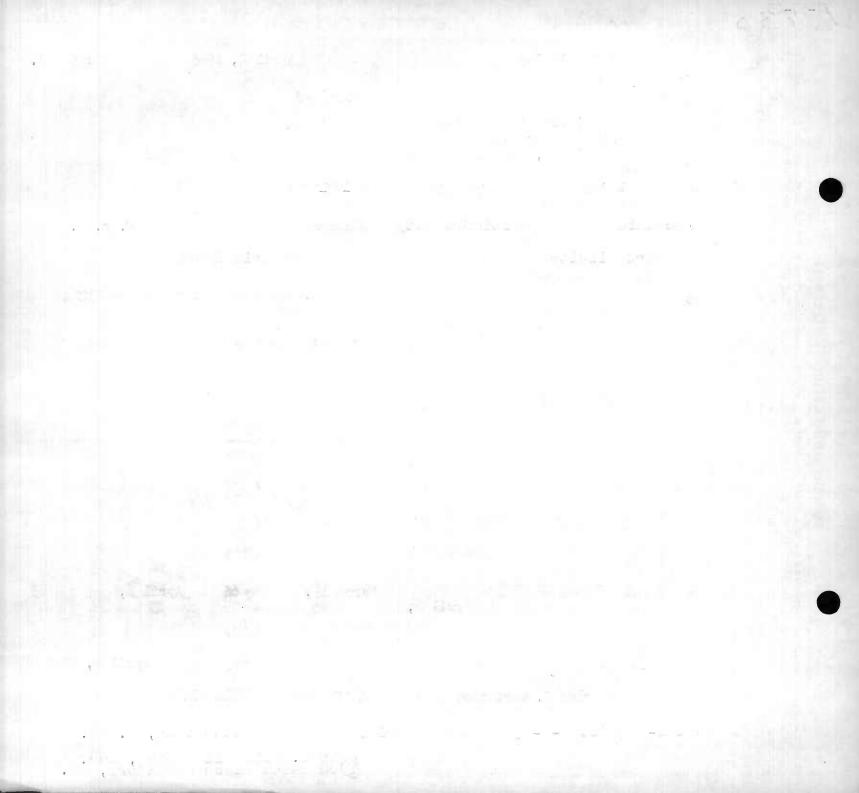


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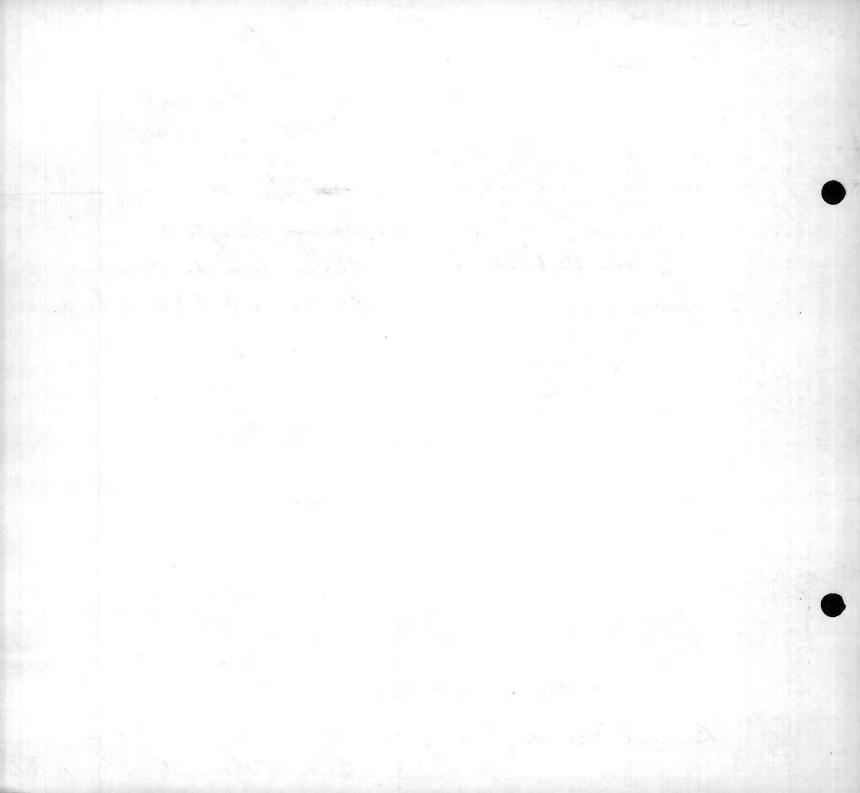
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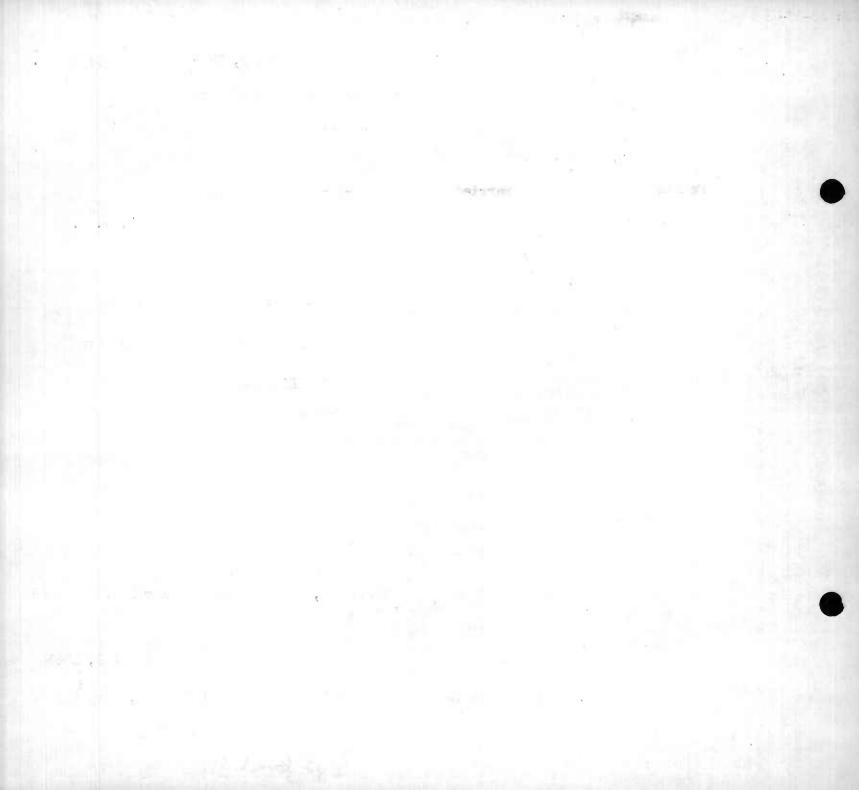


11/	2	3	4
VV	) pub	The body was released to the hospital by a medical examines. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1)	and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	amin	frac	and (6) No physician was in regular attendance on the deceased prior to obtained before the remains are embalmed or final disposition is made.
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	his co	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of again, sshows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); written approval must be
	F .	- vi	\$ 0 \$

CEOFFRAGAM	BALTIMORE CITY	HEALTH DEPARTMENT		OF DOLL
BIRTH NO. 6.65 3617	CERTIFICA	TE OF DEATH	Registered No	65 3617
M.E. CASE NO.			HOUR OF THAT	
I. NAME OF DECEASED EAR VIN	. / /		HOUR OF DEATH	- 11/3
T. Whi	tehead	Mar	ch 20, 196	5 11:20 P. A
PLACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE B. COUNTY	deceased lived. It ins	nitution: residence belore odmission
FULL NAME OF (If not in hospital or insti	tution, nive steel	Md.	HOWAR	$\lambda$
HOSPITAL OR oddress or location)			JRAL ond give township)	
INSTITUTION		Savage		13-00
			ol, give location)	
UNIVERSITY	JASDITTO	RFD Box 4		
	ARRIED, NEVER MARRIED	1-D COX 1		
WII	DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	Never Married	1912	52	
A. USUAL OCCUPATION (Give kind of work 10B, K)	ND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
she during most of working file, even it refired)	Ca. + Fare	1 / n		05 4
FATHERS NAME	Jane 1 mm	14. MOTHER'S MANDEN NAME	anyland	//
1.11	+ 0	A A MOINER'S MANIER NAME	1.	
Julius Whit	Chead	Clara Lu	Le de 1	Wa-bers
. Was Deceased Ever in U. S. Armed Forces? es, no olanknown) (II yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no otonknown/III yes, give wor or dotes or se	SECURITY NO.	0	1.1:4	, , ,
yer		danvience	Whites	read Davaget
7420.11	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	· ·	+ 1.	1.4	
LEADING TO DEATH	(A) /+	ente myocardial	wharten	
(This daes nat mean the mode of dying, heart failure, asthenia, etc. It means the di	, e.g., DUE 10	0	/	
injury ar complication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating	-			
UNDERLYING CONDITION last.	-			, m p. g. m d n m n 0 0 m 0 0 m n m m mahalakirin 0 m dandi wiri 0 0 0 wiri 0 0 0 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	IO THE			
19A. DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORME		Yes	IN CERTIFYING CAU	JES OF DEATH!
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
3				
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that (1) (this hospital) atte			65.	2/25 :060
	2 )			
that (1) (we) last sow the deceased aliv	e an 5/2 8	19ond that	in (my) (our) apIn	ion death occurred on the do
ond hour and from the couses stated ab		the second of the second		
	ove. (1) (We) (dld) (did not)	riew the body ofter deoth.		
23A. SIGNATURE	ove. (1) (We) (dld) (did not)	riew the body ofter deoth.		23B. DATE SIGNED
7 2 0	M.D. Att			3/7-8/
Frankli M. R.	M.D. Att	ending Med. Str.	oll ys. 🔀	3/28/65
Frankli M. Re	ein M.D. Att			3/28/65
Frankli M. Re	M.D. Att	ending Med. Str.		3/28/65
Franklin M. Re 23C. PHYSICIAN'S NAME (Type) Franklin M	M.D. Att. Phy	ending Med. Str. Str. Director Ph	oll ys. A	3/28/65
Franklin M. Re 23C. PHYSICIAN'S NAME (Type) Franklin M	M.D. Att	ending Med. Str. s. Director Ph	oll ys. A	23B, DATE SIGNED  3/28/65  7, town, or county) (Stote)
Joras M. R. 23C. PHYSICIAN'S NAME (Type) Franklin M	M.D. Att. Phy	ending Med. Str. Str. Director Ph	oll ys. A	3/28/65
Jorandla M. Re 23C. PHYSICIAN'S NAME (Type) Franklin M  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  4-1-65	M.D. Att. Phy	ending Med. Str. Str. Director Ph	oll ys. A	3/28/65
Jerastli M. Re 23C. PHYSICIAN'S NAME (Type) Franklin M  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  4-1-65	M.D. Att. Phy  M.D. Att. Phy  M.D. Carrier of Cemetery of Cr  Sarage Cl	ending Med. Str. 23D. ADDRESS  EMATORY 24D. LOC	oll ys. A	3/28/65- (, town, or county) (Stote) Maryland
Joranda M. Re 23C. PHYSICIAN'S NAME (Type) Franklin M  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 4-1-65	M.D. Att. Phy  M.D. Att. Phy  M.D. Carrier of Cemetery of Cr  Sarage Cl	ending Med. Str. 23D. ADDRESS  EMATORY 24D. LOC	oll ys. A	3/28/65 (Stote)  Maryland



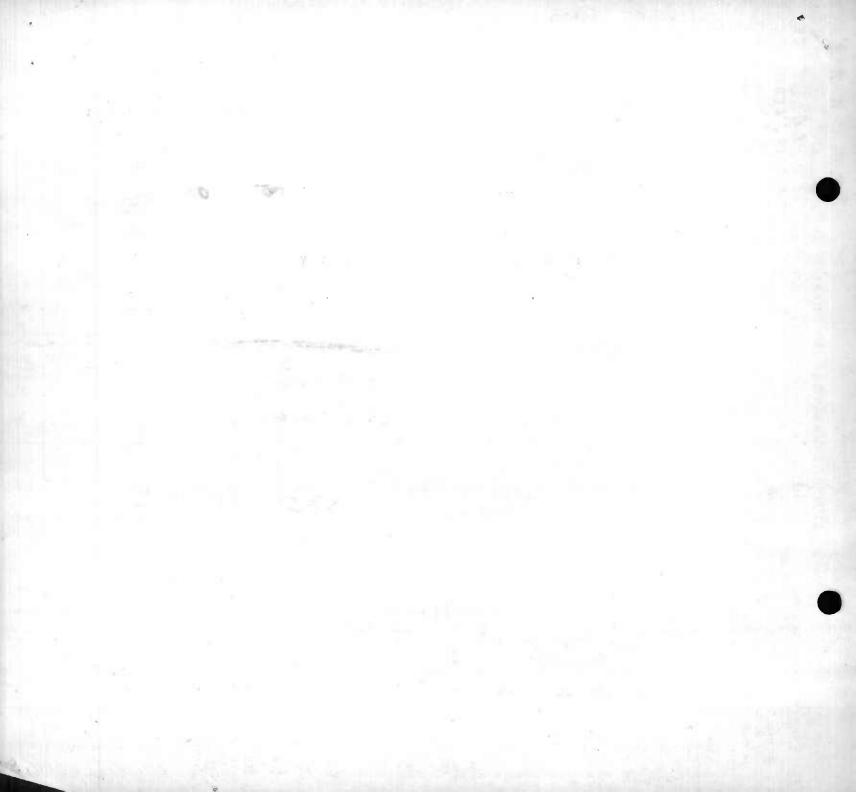
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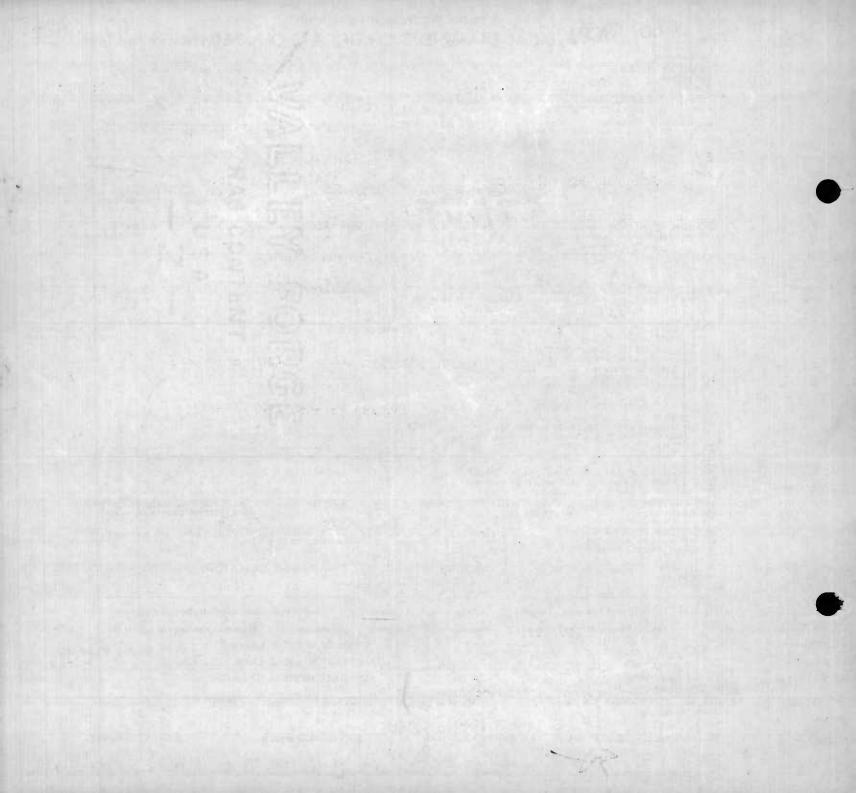
0=	0010	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 3619
BIRTH NO. 65 M.E. CASE NO.	3619	CERTIFICA	ATE OF DEATH	Registered No	00 3013
NAME OF DECEASED	HEPARO M	ORSE. Z	2. DATE AN	ID HOUR OF DEATH	30 AM
7   0   0   0   0   0   0   0   0   0			4/4	1/65 12	100
Morse of DEATH IN BAL	TIMORE, MARYLAND	Toppara.	4. USUAL RESIDENCE (Whe	re deceased lived, if in:	stitution: residence before odmission
Lutheran 6			Maryland.		2-8-03
HOSPITAL OR oddre	t in hospital or institutions or location)	on, givo stroot	C. CITY OR TOWN (If our	Iside city limits, write R	URAL and give township
INSTITUTION			Baltimore		
1/6				rurol, give location)	
			5000 WETHE	RISVILLE	. RD
. SEX 6. RACE	7. MARR	IED, NEVER MARRIED		9. AGE (In years	
Female wh	ite WIDO	WED, DIVORCED (specify)		4 80 years	If Under 1 Yr, 1f Under 24 Hrs Months Doys Hours Min,
		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore		12, CITIZEN OF WHAT COUNTRY?
one during most of working life, a		none	Virginia		U.S.A.
FATHER'S NAME			14. MOTHERS MAIDEN NA	MF	
John Zeigle				lia Hancock	
				TTA HAHCUCK	
. Was Deceased Ever in U. es, no or unknown) (If yes, giv	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		JECOKIII IIO.	Harold W. Payn	e 506 Llc	byd Lane Alex., 4
No	1	CAUSE	OF DEATH		INTERVAL BETWEEN
99/1	Introduction				ONSET AND DEATH
	IDITION DIRECTLY	Ce	re had Vascul	gr. acciden	T. sudden by
(This does not mean It		A) DUE TO			J
heart failure, asthenia, e	tc. Il means the disea	ase,			
injury or camplication w	hich caused death.)		Hypertenan.		
ANTECEDE	NT CAUSES	(8) DUE TO	rifferiemen.		
DISEASES OR CONDI	TIONS, if any, giv				
rise to the above		lhe (C)			
UNDERLYING CONDITI	ON losi.				
OTHER SIGNIFICANT CO	NDITIONS CONTRIBU				
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UN		THE			
19A. DATE OF OPERATION	198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCIDENT WAS UN	IDERLYING -	21 B. PLACE OF INJURY (o.g.,	in or obout 21C. WHERE DID	(If in Boltimoro	City, give exact location)
OR CONTRIBUTING CA		-4-1	office bldg., INJURY OCCUR?		
		The rec.	none		
21 D. TIME (Month) (	Doy) (Year) (Hour)		none 21F. HOW DID INJ	URY OCCUR?	one.
(APPROX.) no	ul	While At Not Wh			
22	in braniant\ assumb			10	10
22. I Certify that (1) (1)	ns nospirol/orrende	The deceased from	a): ( E	το	nion deoth occurred on the do
				ot in (my) (our) opfr	nion deoth occurred on the do
and hour and from the	couses stated above	e. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	, ^				23B, DATE SIGNED
Ka	tae-	M.D. AI	tending Med.	Stoff Phys.	9,4165
23C. PHYSICIAN'S			ys. Director 123D. ADDRESS	rny 3, E21	17.700
NAME (Typo)	Lenn AsHI	MAN.	TOO. NOONESS		
		M.D			
4A. BURIAL CREMATION, 2	4B, DATE 240	NAME of CEMETERY of CI	REMATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
BURIAL	4/7/65	Mount Comfort	F	airfax Co.	Virginia
SA. DATE REC'D BY HEALTH					
JA. DATE REC'D ST HEALTH	ACOT A C	AE OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
APR 6	1965 (17.2	DE L'ACORENTAN	HOWARD H. HUI	BBARD 4107	WILKENS AVE. 21229
APR 6	1965 Re	B Entarkey M.A	HOWARD H. HUI	BBARD 4107	WILKENS AVE. 21

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. of the day of the second of



0500	BIRTH NO. 65 362MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No. 65 3621					
6-000	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	(Type or Print) ERNEST L. CADE						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	April 3, 1965 2:30 a M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
		Maryland B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)					
	33						
	Johns Hopkins Hospital	514 E. Eager St.					
	WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.					
	male   colored   MAKNEG ST. WALLED   10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY   done during most of working file, even if retired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
	LABORER	N.C. U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	UNKNOWN	CUKA HICKS					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS					
	YES WAR 2 24/-24-2250	LILLIE-WALKER 1522 N. BROADWAY					
	11B. 3 S X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	ORSEL AND DEATH					
		ve subarachnoid hemorrhage					
	heat foilure, asthenia, etc. It means the disease, injury or complication which caused death.						
	injuly of complication which could down						
	ANTECENDENT CAUSES  (B) Ruptured cerebral aneurysm						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
	UNDERLYING CONDITION LAST.						
	2						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
		Yes Yes n or about 21C. WHERE DID (If in Boltimore City, give exact location)					
	UNDERLYING OR CONTRIB-	ffice bldg., INJURY OCCUR?					
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT V	21F. HOW DID INJURY OCCUR?					
	I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my apinion						
	resulted from: Natural causes X Accident Suicide						
	Tesoried Irollis Accident Jordan	CHIEF MEDICAL EXAMINER					
	ACTUAL CASTO TILL	DATE SIGNED					
		ASSISTANT MEDICAL EXAMINER 4-3-65					
	EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER					
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (Slote)					
Elegis Territory	BURIAL 4-8-65 BALTIMORE	NATIONAL BALTIMORE Md					
	APR 6 1965 P.C. L. Farky M. 2	24G. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS					
	VS 151-REV. 1/1/65	Nosteph KoviGHI 1639 N. BROADWAY					

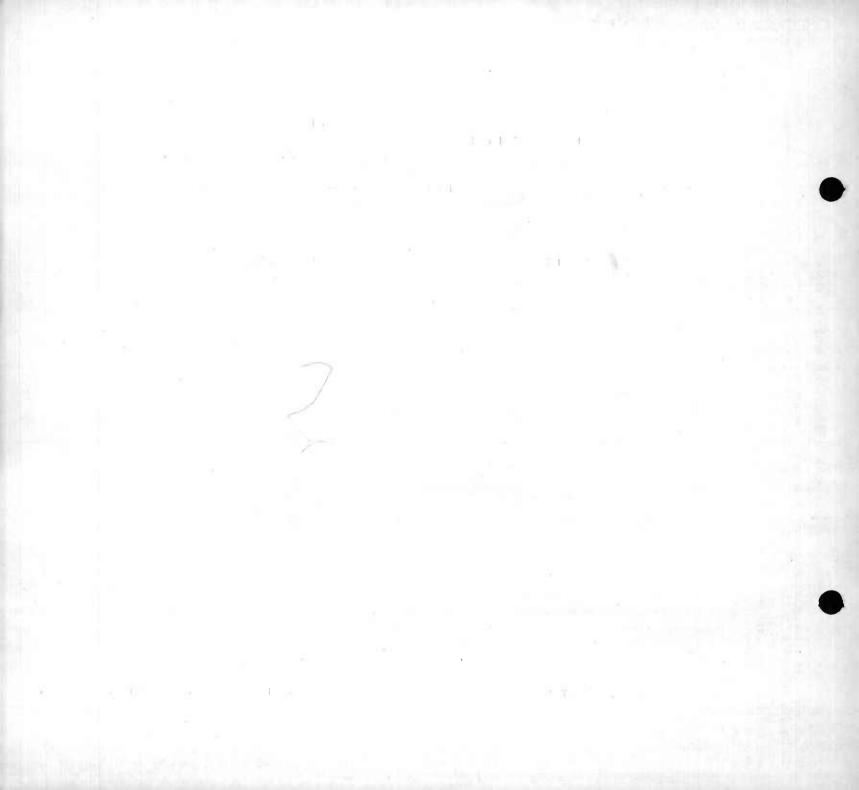


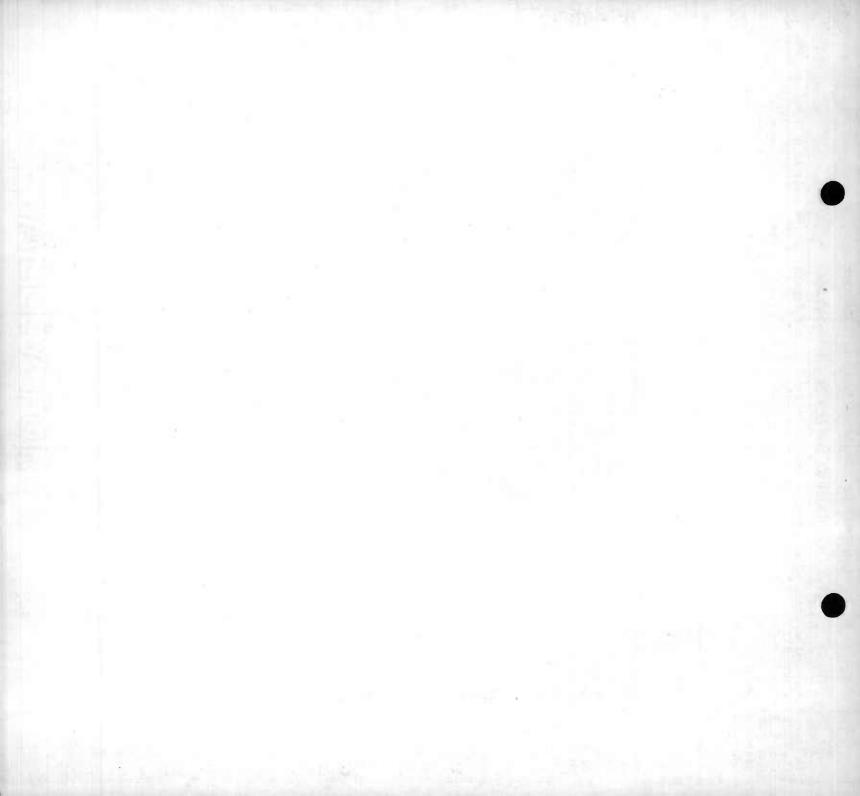
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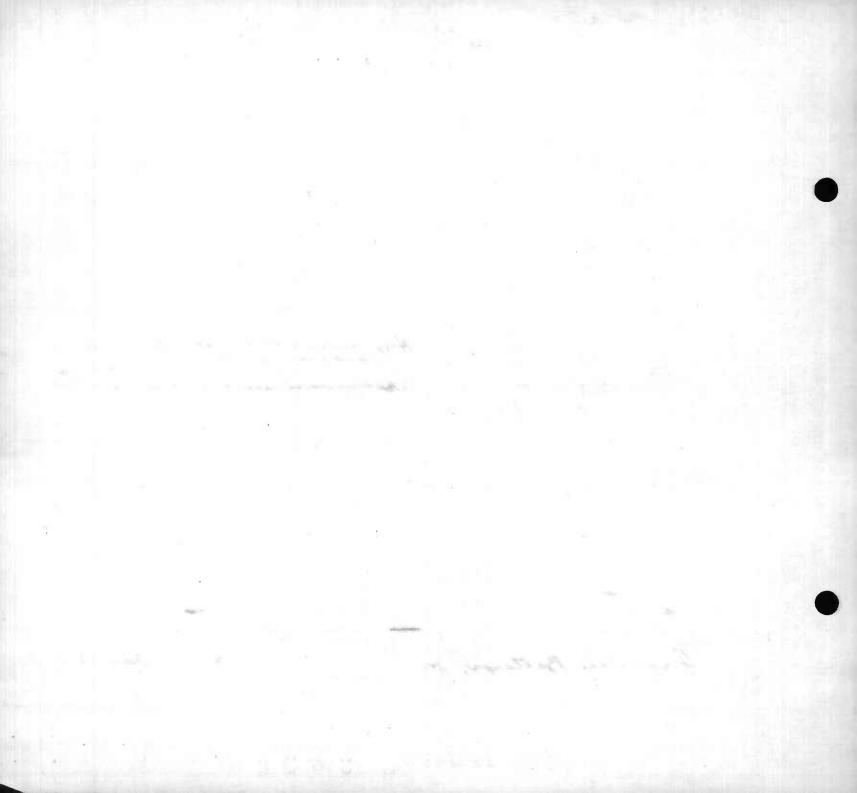
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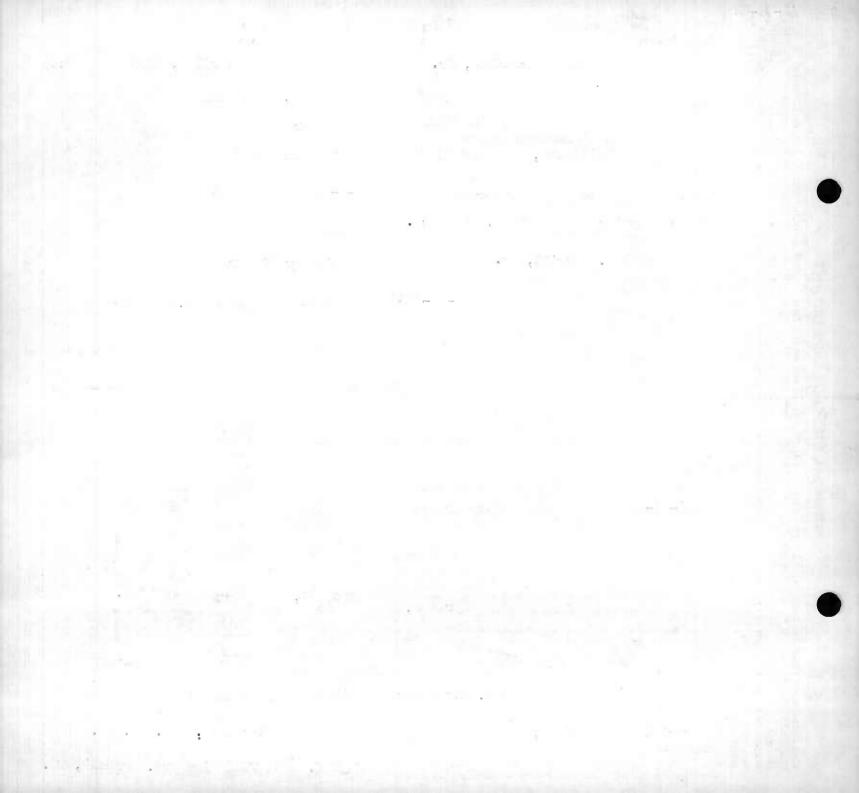




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FUNERAL DIRECTOR:

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**DIRECTOR:** 

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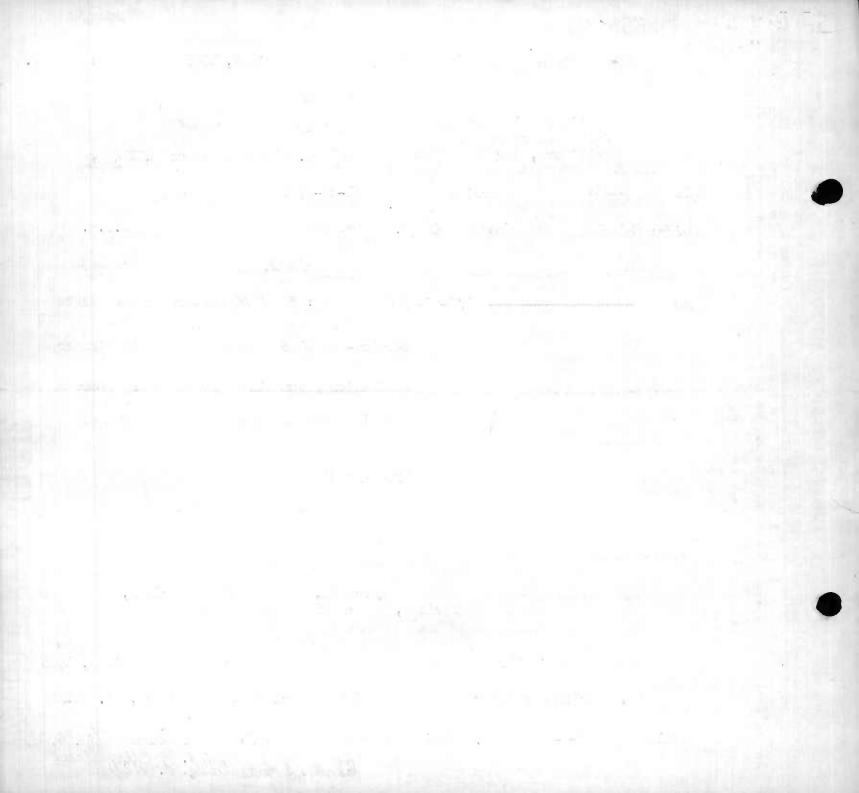
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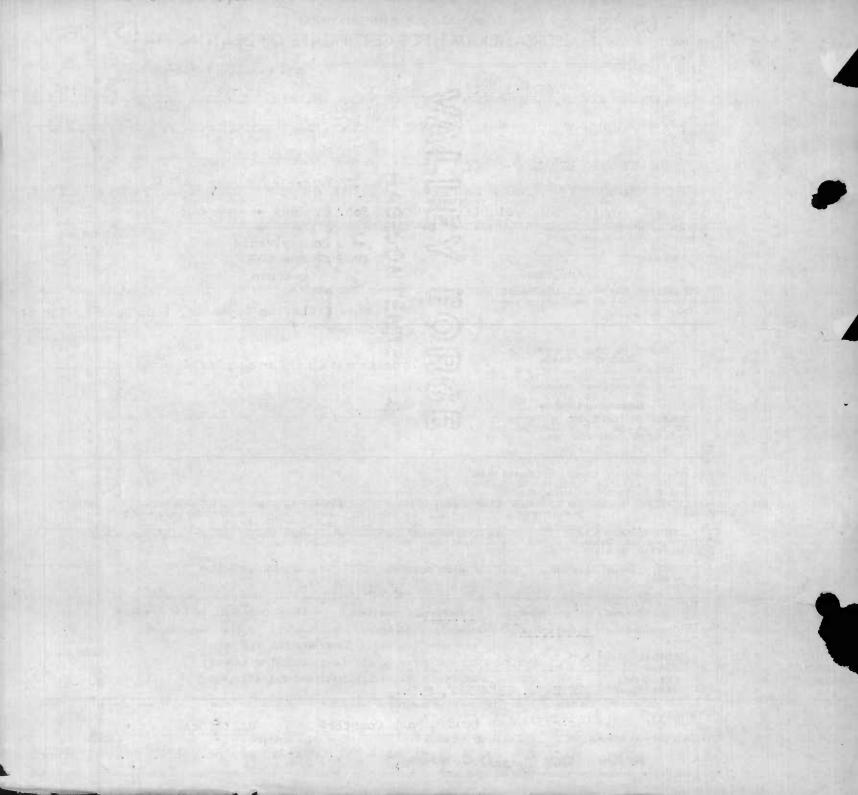


BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 3629

M.E. CASE NO.

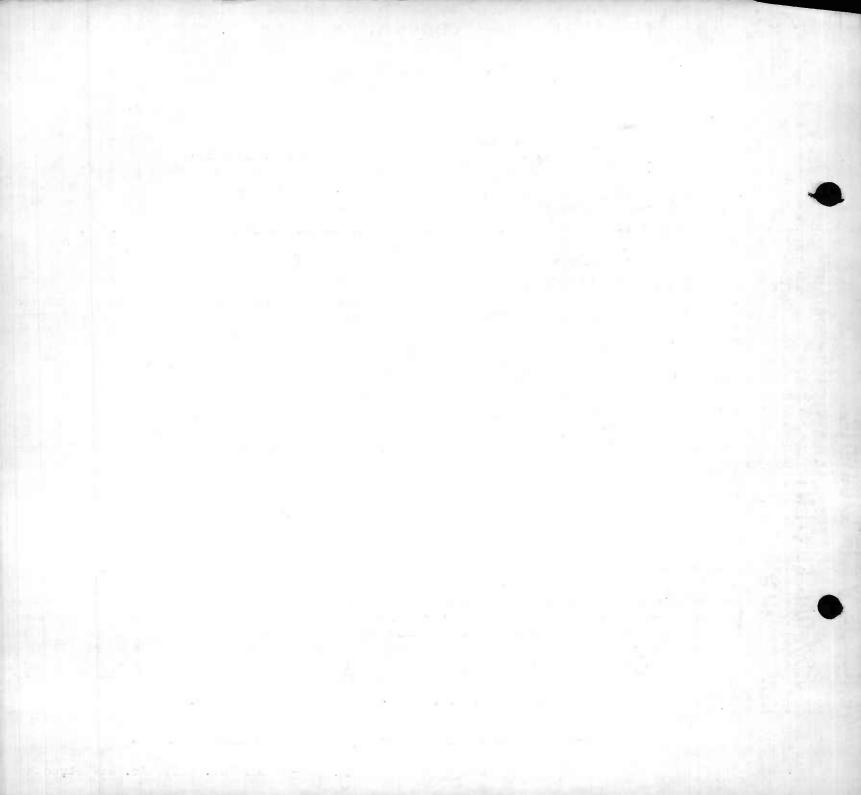
M.	E CASE NO.									
1. (Ty	NAME OF DEC		_			2. DATE AND	HOUR PRONOUNC	ED DEAD		
		P.	AUL C. RUNI	KLE		4-	4-65		5:15	PM.
3. 1	LACE IN BALT	TIMORE, MARYLAND	, WHERE PRONO	UNCED DEAD	A. STATE		B. COL	titution: residen JNTY	ce before odr	mission)
HC	LL NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTE OCATION)	UTION, GIVE STREET		WN (If outside	corporate limits, write	RURAL ond	give to washin	p)
	MER	RCY HOSPI	TAT _ 1	DOA	D. STREET ADD		give location)		/	
	1101	CT HOSTI	IAL - I	DOA.		rclay S	2420	)2		
	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	Feb. 1,	Н	9. AGE (In years lost birthday)		Yr. If Under	
	Male	White UPATION (Give kind of		F BUSINESS OR INDUST			60	12. CITIZEN	OF	
		working life, even if reti				nsylvani		WHAT	.S.A.	
13.	FATHER'S NAM				14. MOTHER'S M	AIDEN NAME				
		unk	known			unknown				
		O EVER IN U.S. AR		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	no				Miss Cat	herine R	Reynolds, 1	128 Bar	clay St	reet
	1B.	3 X		CAUS	E OF DEATH				TERVAL BET	
	DISEA	SE OR CONDITION	DIRECTLY					"	HISTI AND I	PLAIN
		LEADING TO DE	ATH	(A) Hype	rtensive c	ardiova	scular dise	ase	40400	
	heort foilure,	not meon the mode , osthenio, etc. It m mplication which cou	eons the disease,	DUE TO						
		ANTECENDENT CA	HSES							
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	(B)DUE TO						
		E ABOVE CAUSE (A								
Z				(C)					T+++++++++++++++++++++++++++++++++++++	
K									1100	
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT RECONDITION CAU	RELATED TO T			000000				
CER	19A, DATE OF		CONDITION FOR PERFORMED	WHICH OPERATION			N CERTIFYING CAU			
AL	21 A. EXTERNA	L CAUSE WAS		PLACE OF INJURY (e.g.			f in Boltimore City, gi	ve exoct locot	tion)	-
EDIC		OR CONTRIB-	home etc.)	e, form, foctory, street,	office bldg. INJURY	Y OCCUR?				
Σ	21 D TIME OF INJURY	(Month) (Doy)	(Year) (Hour)	TE. INJURY OCCURRED	21 F. H	OW DID INJUI	RY OCCUR?			
	(APPROX.)		m.	WHILE AT NOT	WHILE WORK					
	22.	tify that I held an	Inquiry	Inspection X A	utapsy and	d that on this	s basis, death in a	my apinian		
	resul	ted fram: Natural	causesXX	Accident Suici			ndetermined mann	er	V	
	ACTUAL		) Kleek		CHIEF M D. ASSISTANT M	EDICAL EXA			DATE SIGN	1ED
	EXAMIN	IER'S		CKERT, M.D.	ASSOCIATE M	EDICAL EX	AMINER		4-5-65	
23/	NAME (			C. NAME of CEMETERY	or CREMATORY	23D. LO	CATION (City,	, town, or cour	nty) (Š	tole)
	BUR LAL			Loudon Park			altimore			
24/	A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR			DRESS	
		APR 6 198	35 Real	L. Starber M.D	Wm. Coc	ok-Brook	s,Inc., 121	17 St.Pa	ul Str	eet
VS	151-REV. 1/1/	65								



egistered	Na	65	36

Type or Print)  PLACE OF DI  FULL NAME HOSPITAL OR INSTITUTION	MARG	ARET BUI			D HOUR OF DEATH	
FULL NAME HOSPITAL OR	EATH IN BALTIMORE,	MKEI DU	LL	Apri	1 5, 1965	
HOSPITAL OR		MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in TY	stitution: residence before admission
	OF (If not in hos)	pital or institution	on, give street	Maryland		1200
	Ardleigh N		Jome	Baltimore 21		(URAL ond give township)
	2095 Rockr	_		D. STREET ADDRESS (If )		
	Baltimore,			104 West Nor		
female	6.RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH NOV. 1891	9. AGE (In years lost birthday) 73	If Under 1 Yr. If Under 24 Manths Days Hours Min.
OA. USUAL OC	CUPATION (Give kind of	work 10B. KIND		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
one during most o	it working life, even if reli vife	red)		Baltimore Coun	ty, Md	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM		
	Georg	e Bollin	nger	Susan Swam		
	d Ever in U. S. Armed		1 6- SOCIAL	17. INFORMANT		ADDRESS
es, no of unknow	vn) (If yes, give war ar	dotes at service	e) SECURITY NO.	Lula Bollinger	, 1322 Crof	ton Road, Baltimo
18. 24.2	2.11		CAUSE O	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION		4.0			ONSET AND DEATH
(This does	LEADING TO DEA		(A)/4R7	ERTOSCLERO DIO VASCUL	71 JC	10 Y KS
	nal mean the made , asthenia, etc. It me		se, DUE 10	DIO VASCUL	AR DISEAS	54
injury or co	implication which cou					
	ANTECEDENT CAL		DUE TO	**************************************		
	OR CONDITIONS, he above couse					
	G CONDITION last		(6)	*		**************************************
	II.					
E TO THE	NIFICANT CONDITION DEATH BUT NOT	RELATED TO				
A DIZEASE OF			PR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	
OR CONTRI	ENT WAS UNDERLYIN BUTING CAUSE OF	16 🗌	21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
	fy medical examiner)		etc.)			
OF INJURY	(Month) (Doy) (Y	ear) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX)		1	While At Work Not While At Work	•		
22. I certif	y that (1) (this hose	pital) attende	d the deceased fram	FEB 9 1	965 to AP	RTL 5 1965
						nian death accurred on the
that (I) (we	nd from the course	stated above	. (I) (We) (did) ( <del>did not)</del> v			
that (I) (we	id i the cooses	N I	. (1) (114) (414) (414)	Tew file bady difer death.		23B, DATE SIGNED
and haur a	URE )	(4 )		ending (D' Med.	Stoff	DADWI FO
and haur at 23A. SIGNAT	URE O	11		s. Director	Phys.	1 64 6 6 1 1 1 1
23A. SIGNAT	Elses of a	- Aa	Phy:	22D ADDRESS	•	13/12/20 2/19
and haur a	They come the state of the stat	F Sau		3902 Greenmon		Paltimore 18
23A. SIGNAT	(Type) Lloyd		lor, M.D. M.D.	3902 Greenmon	unt Avenue,	
23A. SIGNAT	Lloyd			3902 Greenmon	unt Avenue, I	ly, town, at county) (Stole
23A. SIGNAT 23C. PHYSICI NAME  4A. BURIAL CR REMOVAL BURIA	Lloyd  EMATION, 24B. DATI	-65 D	lor, M.D. M.D.	3902 Greenmon	unt Avenue,	ly, town, ar county) (Stat

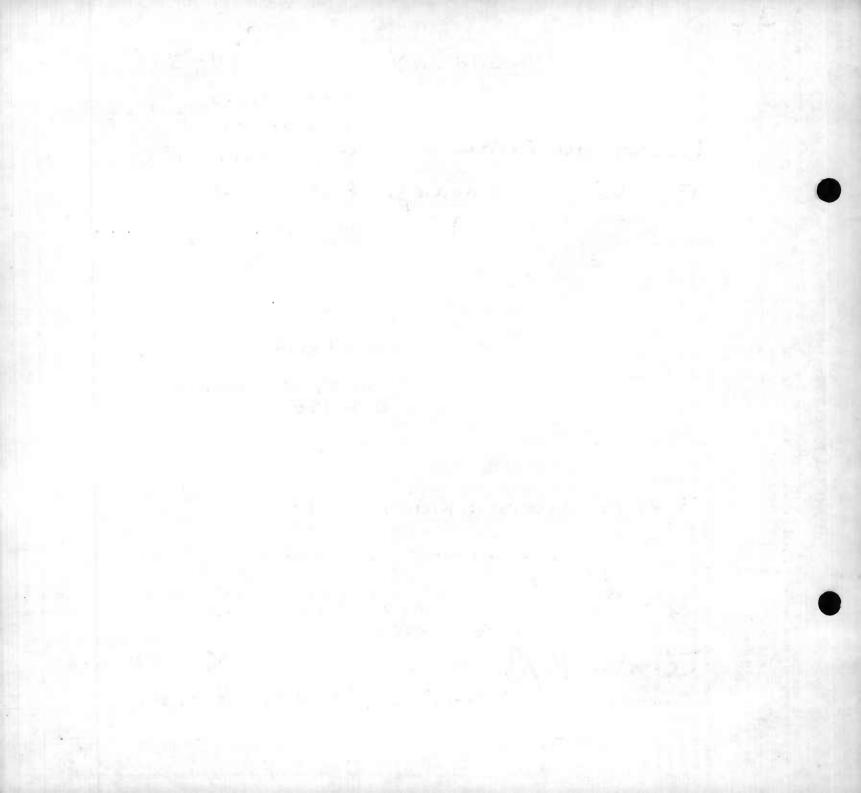
Wm. Cook-Brooks Inc., 1217 At. Paul Street



IMPORTANT

DIRECTOR:

FUNERAL



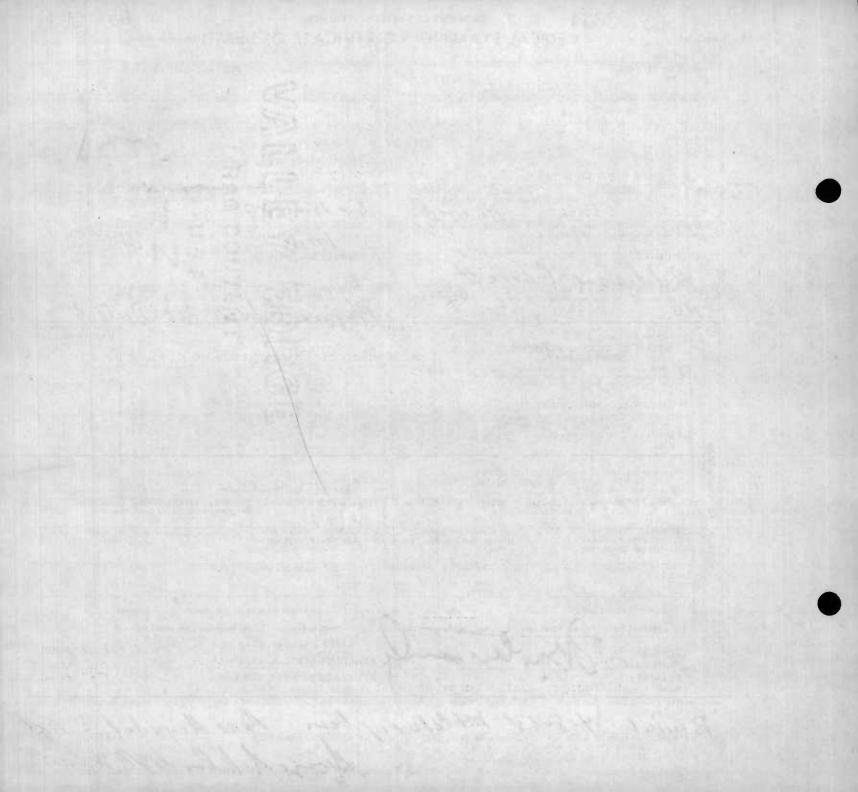
(Type or		Bark . Wi	llimm, Sr.		AND HOUR OF DEATH	7:15 F
3. PLAC	E OF DEAT	H IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution; residence belo
HOSP	NAME OF	(If not in hospital oddioss or location	or institution, givo street )		outside city limits, write RI	SRAL and give towns
Mos	ntehel	lo Hospital		Baltimos	(If jural, give location)	
20.	11 00001	TO HOSPICAL		20 S. Curi		
5. SEX		S. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH		If Ilada, 1 V. II I
Mal	le	White	Married (specify)	12/31/1891	73	Months Doys Hou
		orking life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATE	HER'S NAM	E	POLPH BARK	14. MOTHER'S MAIDEN N	Frank Augus	TA
15. Was (Yes, no	Deceased on unknown)	ever in U. S. Armed Fore	es? If 6, SOCIAL	17. INFORMANT Hospital R		ADDRESS
18.	111	V		F DEATH	-	INTERVAL B
/TL:	L	OR CONDITION DIR	(A)	amous Cell Car	cinoma of	ONSET AND
		t meon the mode of	dying, e.g.,			
hea	nt failure, or erry or comp	slhonia, elc. Il moans licolian which coused NTECEDENT CAUSES	(B) LU:	ynx with metas ngs	tases to right	4 yrs.
DIS rise UN	A EASES OF E TO THE DERLYING	licolian which coused NTECEDENT CAUSES R CONDITIONS, if a above couse (A) CONDITION lost.  II CANT CONDITIONS C ATH BUT NOT RELA	deoth.)  (B)  DUE TO  DUE TO  Staling line  ONTRIBUTING TED TO THE		***************************************	
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PER CERTIFICATION  PER CERTIFICATION  OLD	EASES OF DERLYING  HER SIGNIFITHE DESEASE OF CONTRIBUT	Ilicolian which coused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.  II CANT CONDITIONS CATH BUT NOT RELA ONDITION CAUSING I' OPERATION [198. CON)	ONTRIBUTING TED TO THE TED THE	20A. AUTOPSY? (Yes or Yes	No) 208. IF YES, WERE FI IN CERTIFING CAU NO	NDINGS CONSIDERE SES OF DEATH?
MEDICAL CERTIFICATION  OLIVIANO  DIS  STATE  OF  OF  OF  OF  OF  OF  OF  OF  OF  O	ACCIDENT ACCIDENT ACTION ACTIO	Ilicolian which coused NTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION lost.  II CANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING IT OPERATION 1798. CON WAS PERF	ONTRIBUTING TELE  CONTRIBUTING TELE  TELE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., i homo, loim, foctory, street, oolc.)	20A. AUTOPSY? (Yes or Yes or Yes In al obout 21C. WHERE DID In the bidg., 21F. HOW DID I	No) 208. IF YES, WERE FI IN CERTIFING CAU NO	
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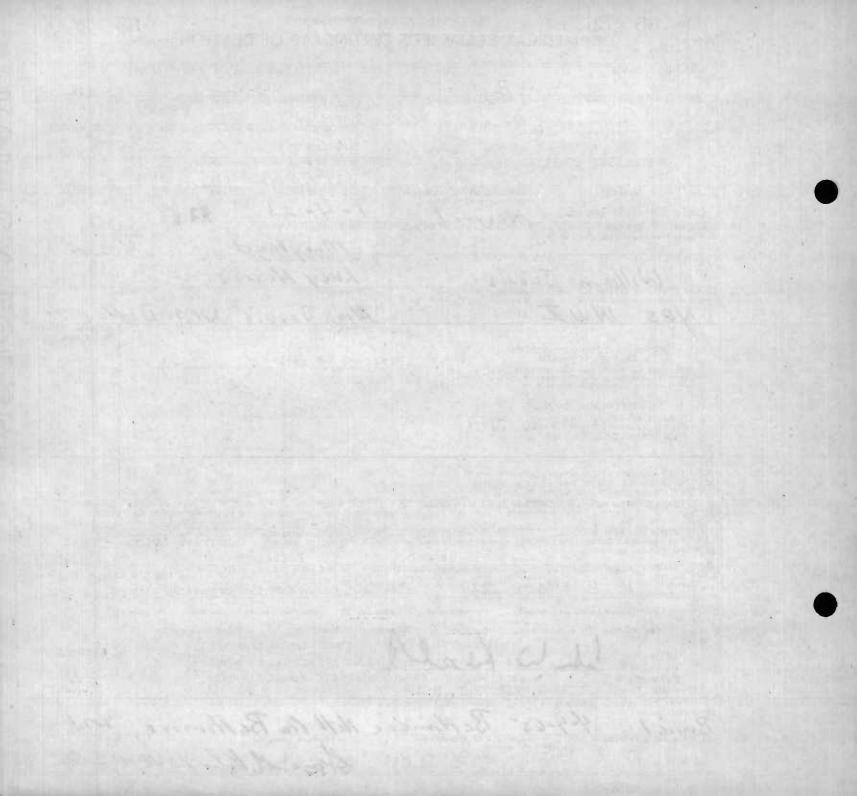
	Pe or Print)		10 5	'VA	2. DATE	AND HOUR OF DEAT		
3.	PLACE OF DEAT	VASILAK		:VA	4. USUAL RESIDENCE	4-2-65	Linetitution reside	5:50
	FULL NAME OF HOSPITAL OR INSTITUTION		or institution, giv		MARYLAND C. CITY OR TOWN (I) BALT I MORE D. STREET ADDRESS	OUNTY  foutside city limits, write	2-10	e township
5.	S EX	. RACE	7. MARRIED, N	IEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Y Months: Day	r. , If Under
	FEMALE	WHITE	"WIDO	WED (specify)	3-14-92	73	Totonin's Doy	5 110013
	e during most of w	ATION (Give kind of work prking life, even if retired)	10B. KIND OF B	USINESS OR INDUSTR	TII. BIRTHPLACE (Stole of GREECE	foreign country)		OF OUNTRY?
13.	FATHER'S NAM		os		14. MOTHER'S MAIDEN	NAME		
15. (Ye	Was Deceased s, no or unknown)	ver in U. S. Armed Forc If yes, give wor or dotes	s of service)	6. SOCIAL SECURITY NO.	ST. AGNES	RECORDS - 0	CATON &	WILKE
	heart failure, a	1 mean the mode af sthenia, etc. It means lication which caused	The diseose,	DUE TO	ice my coale	The state of the s	20:	?
	heort failure, a injury or comp  A  DISEASES Of rise to the	sthenia, etc. Il means	the disease, death.)	B UT TO	ite myocard	e heart	dio	?
CATION	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFITO THE DE DISEASE OR C	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if a obove cause (A) CONDITION last.  CANT CONDITIONS CANT CONDITIONS CANT CONDITIONS CAUSING IT NOT RELA ONDITION CAUSING IT	Ihe disease, death.)  any, giving stoling the ONTRIBUTING TED TO THE	Co	- mellt			?
RTIFICATION	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFITO THE DE DISEASE OR C	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if a obove cause (A) CONDITION last,	Ihe disease, death.)  any, giving sloting the ONTRIBUTING TED TO THE F.	Co	mell J	T.	RE FINDINGS CON	ZS (
CAL CERTIFICATION	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFITO THE DE DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENTOR CONTRIBUT	sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	Ihe disease, death.)  any, giving stoling the ONTRIBUTING TO THE F.  DITION FOR WIORMED	OUE TO  (C)  HICH OPERATION  LACE OF INJURY (e.g.,		r No) 20B, IF YES, WER IN CERTIFYING C	RE FINDINGS CON	TH?
AL CERTIFIC	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFITO THE DE DISEASE OR C  19A. DATE OF 121A. ACCIDENTOR CONTRIBUTOR	shenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	Ihe disease, death.)  any, giving stoling the ONTRIBUTING TELL TO THE L.  DITION FOR WIORMED  218. P home, etc.)	OUE TO  (C)  HICH OPERATION  LACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DII office bldg., 21F. HOW DID	r No) 20B, IF YES, WER IN CERTIFYING CO. (If in Boltim	RE FINDINGS CON CAUSES OF DEAT Note City, give exc	TH?
EDICAL CERTIFIC	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  21.D. TIME OF INJURY (APPROX.)	shenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if a obove cause (A) CONDITION last.  CANT CONDITION SCIATH BUT NOT RELA ONDITION CAUSING IT OPERATION 19B. CONTING CAUSE OF medical examiner)  Manth (1) (this hospital) ast saw the decease	In disease, death.)  any, giving stoling the CONTRIBUTING TED TO THE I.  DITION FOR WIND COMMED  218. P home, etc.)  (Hour) 21E. I While Work ) attended the d alive an	LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED AT Not What deceased from APRIL 2	in or obout 21C. WHERE DII office bldg., 21F. HOW DID	INJURY OCCUR?	RE FINDINGS CONCAUSES OF DEAT	int?  oct locotion)
EDICAL CERTIFIC	heort failure, a injury or comp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OR CONTRIBUT DEATH (notify of INJURY (APPROX.)  21.D. TIME OF INJURY (APPROX.)	shenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if a obove cause (A) CONDITION last.  CANT CONDITION SCIATH BUT NOT RELA ONDITION CAUSING IT OPERATION 19B. CONTING CAUSE OF nedical examiner)  Month) (Day) (Year)  That (1) (this hospital) ast saw the decease fram the causes state to the cause state to	In disease, death.)  any, giving stoling the CONTRIBUTING TED TO THE I.  DITION FOR WINDOWN CORMED  218. P home, etc.)  (Hour) 21E. I While Work ) attended the d alive aned abave. (I)	LACE OF INJURY (e.g., form, foctory, street, NJURY OCCURRED At Work At Work (e.g., At Work (e.g., Form, foctory), street, NJURY OCCURRED AT WORK (e.g., Form, foctory), street, NJURY (e.g., For	in or obout 21C. WHERE DII office bldg., INJURY OCCUR  21F. HOW DID  iile APRIL  19 65 and view the bady after dea  tending Med. Director	INJURY OCCUR?	RE FINDINGS CONCAUSES OF DEAT	(H?

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. MED	ICAL EXAMINER 5 CI	EKTIFICATE OF DEATH Register	ed Na
M.E. CASE NO.			
Type or Print)		2. DATE AND HOUR PRONOUNCE	D DEAD
HOWAR	D GARRETT	April 4, 1965	9:45 a M.
3. PLACE IN BALTIMORE, MARYLAND, W		A. STATE  Maryland  Maryland	ution: residence before odmission) NTY
ULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCA NSTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write Baltimore	RURAL and give township)
		D. STREET ADDRESS (If rurol, give locotion)	
Provident Hospita	1	2002 Druid Hill Avenue	
male colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  6-15-1889  9. AGE (In years lost birthdoy)  75	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	acuse #	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U.S. ARMEE (es, no orunknown) (If yes, give wor or dote		Maggie Garrett 200.	ADDRESS
118.	CAUSE		INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONDITIONS 19A. DATE OPERATION 19B. CONDITIONS 19A. DATE OF OPERATION 19B. CONDITIONS 1	CONTRIBUTING	trition and dehydration	
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21C. WHERE DID (If in Boltimore City, give liftice bldg., INJURY OCCUR?	e exoct location)
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		21 F. HOW DID INJURY OCCUR?	
22. I certify that I held an I	nquiry Inspection X Aut	apsy and that an this basis, death in m	y opinion
resulted fram: Natural ca	uses X Accident Suicid	Hamicide Undetermined manner	
ACTUAL SIGNATURE	for the sound, b.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED 4-5-65
	Breitenecker	ASSOCIATE MEDICAL EXAMINER	/
3A. BURIAL CREMATION, 23B. DATE EMOVAL (Specify) 4-5-4A. DATE REC'D BY HEALTH DEPT.	23C. NAME OF CEMETERY OF LAND TO SERVICE OF REGISTRAR	CREMATORY 23D. LOCATION (City,  ANNE AVELA  24C. FUNERAL DIRECTOR	town, or county) (Stote)  ADDRESS
APR 6 1965	Robert E. Farker M.A.	Store A. Willar 1	348 n. Eselle
\$ 151-REV. 1/1/65	7050	12000	



DI D	65		ICAL EXAM		EDTIFIC A T		DEATH Page	65	3635
	TH NO.	MILD	ICAL LAAM	HAFK 2 C	LKIIIICAI	IL OI I	DLA III Kegi	310100 110	
1	E CASE NO.	TEASED				DATE AN	D HOUR PRONOU	NCED DEAD	
(Ty	pe or Print)	JEASED .	D					NCED DEAD	7.45
3 8	LACE IN RAIT	ED	WIN O JARVI		A HISHAL DESIDI	4-5.		institution: reside	7:15 Am.
J. 1	THE IN THE	MARIENIO, V	THERE TROTTOGHCED	DEAD	A. STATE		B. (	COUNTY	ivee perote country atomy
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION,	GIVE STREET	Marylan	NO (If outsid	e corporate limits,	write RURAL and	give township)
	TITUTION	ADDRESS OR LOC	A IION)		Baltimo			15-	-01
	INTI	ERSITY HOSPI	TAT - DOA				-i 1i	/ -	
	ONIV	EV2111 HOSE1	TAL - DOA		D. STREET ADDR			01017	
5. 5	FV	L na or	17 44 400100 410470	A A A DRICE	1319 N.		Street,	21217	V 1/ 11 1 2/ 11
		6. RACE	7. MARRIED, NEVER WIDOWED, DIVORC		1	- 4	9. AGE (In yellost hirthday)	Months, D	Yr. If Under 24 Hrs.
	Male	Colored	Maurie	1	1-4-	23	42		
		JPATION (Give kind of working life, even if retired)	k TOB. KIND OF BUSINE	S OR INDUSTR	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN WHAT	OF COUNTRY?
0011	o during most of t	rotking the, even it remout			Mar	VIGN	d	И.	5 A
13.	FATHER'S NAN	NE .			14. MOTHER'S MA	MIDEN NAM	E		
	IN	Illian J	GUJIS		Lucy	Har	15		
		D EVER IN U.S. ARME			17. INFORMANT			ADDRESS	CA C
(Tes	s, no or unknown	Of yes, give wor or dot	es of service) SEC	URITY NO.	n/ -	T		0 /	1
	NEZ	WWI			OF DEATH	6101	5 3/13	· Dal1	NTERVAL BETWEEN
NOI	DISEASES RISE TO TH	MNTECENDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) S NG CONDITION LAST.	ES ANY, GIVING TATING THE	(B)					
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN	LATED TO THE	-01==0=========0=0=0===0=0=		************			
CERT	19A. DATE OF	OPERATION 198, COI	NDITION FOR WHICH	OPERATION	Yes -		20B. IF YES, WERE	AUSES OF DEAT	
K	21 A. EXTERNA	CAUSE WAS	21B. PLACE	OF INJURY (e.g.,	in or about 21C. W	VHERE DID	(If in Boltimore City	, give exact loca	- West
EDIC,	UTING CAU	SE OF DEATH.	etc.)				Waterview	Hvenue -	WEST
Σ	21 D TIME	(Month) (Doy) (Yes		Treet JRY OCCURRED		Pottee	IDV OCCIID? -	odo atrada	n atminds be
	OF INJURY		7.00		THE RESERVE TO SERVE THE PARTY OF THE PARTY		r		n struck by
	22.	4 5 6	5 AM m. WHILE A	AT PA	while tru	ck whi	le crossin	g street	
		tify that I held on	Inquiry Inspe	ection Au	topsy X one	that on th	is basis, death	in my apinian	
	resul	ted from: Notural co	ouses Acciden	1.60		de 🗍	Undetermined ma	anner 🗍	
		1	1/	0		EDICAL EX			
	ACTUAL	L	1) (1)	1/5			=		DATE SIGNED
	SIGNAT		· / /	MAD	ASSISTANT MI		4.4		*XXXXXX
	EXAMIN		W. RIECKERT,	M D	ASSOCIATE M	EDICAL E.	AMINER 1		4-5-65
23A	BURIAL CRE	MATION. 23B. DATE		E of CEMETERY	CREMATORY	23 D. L	OCATION (	City, town, or cou	
RE/	MOVAL (Specify	110	1 - P	11 .	1/1/	17	) // .		101/
1	Suria 1	4-7-	65 1361	timor.	e NeTh.	(cm 13	6. /timo	IVE.	W/N. /
247		BY HEALTH DEPT.	248. NAME OF REGI	STRAR DEUFIN	24C. FUNERA		1.0	AD	DRESS
		APR 6 1965	16,000 4		0 236	N A	Melay 1	348 N.	Callon So
			5, 4%			La lack	10-0-4		-



) ~ C	I in a hospital and ng cause of death cause; (5) Deceased attendance on the jor to death. Suck	3
ORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
FUNERAL DIRECTOR: IMPORTANT	ef medical examiner or his n medical examiner. Also, dy burns; (3) A fracture of c e physician who pronound ician was in regular atten	
FUN	ust be approved by the chivased to the hospital by a dent of any nature; (2) Boospital (except where the death); and (6) No physical bechanical before	DIGING DOLLAR DOLLAR DE LEGILLA
	This certificate muthe body was releshows: (1) An accivant was D.O.A. at a hadeceased prior to deceased prior to	500000000000000000000000000000000000000

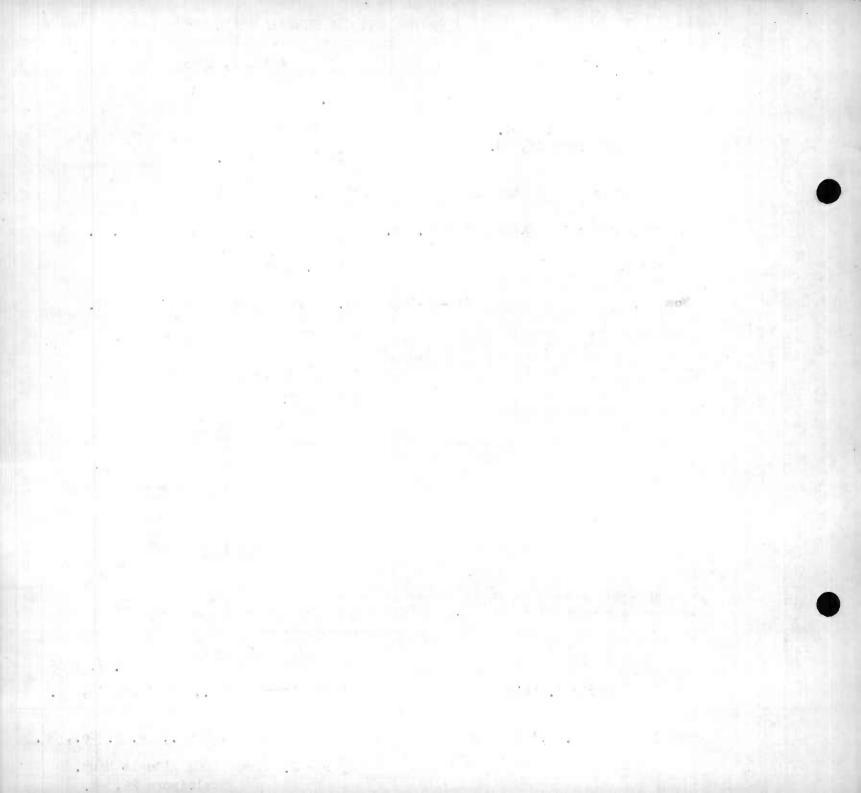
	65-08380	)	BALTIMORE CI	TY HEALTH DEPAR	RTMENT		CE DO
A.E. CASE NO.	65 3636		CERTIFIC	ATE OF DE	ATH	Registered Na.	65 3636
NAME OF DEC	CEASED				2. DATE A	ND HOUR OF DEATH	
Type or Print)	BABY	BOY	DONALDSON		4-3	<b>-</b> 65	4:10 P,
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE	B. COU	NTY	institution: residence before odmission
FULL NAME O	OF (If not in hospital oddress or location		on, give street			NNE ARUND	RURAL ond, give township)
INSTITUTION				BALTIMO			52-00
IHE J	OHNS HOPKIN	NS HO	SPITAL	D. STREET ADD	RESS (I	rurol, give locotion)  K HENRY D	RIVE
SEX	6. RACE	WIDOV	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE	WHITE	NEV	ER MARRIED	4-3-65			13 40
	UPATION (Give kind of work working life, even if retired)	108. KIND	OF BUSINESS OR INDUST	NY 11. BIRTHPLACE	State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NA	AME	
SAMUE	L LAMARTINA	A		MARI	ILYN	DONALDSON	
Wos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	- to 1 14		ADDRESS
es, no or unknowr	n) (If yes, give wor or dote	s of service	e) SECURITY NO.				
18. 4	3.0.1	-	CAUSE	OF DEATH			INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	RECTLY					ONSET AND DEATH
	LEADING TO DEATH		(A)	(	ARDI	AC ARBEST	10000000000000000000000000000000000000
heort foilure,	not mean the mode of asthenia, etc. It means	the diseo					
	mplication which caused		100				
	ANTECEDENT CAUSES		DUE TO			4 1480 440 4 1740 5440 a a tima a transmini di 1440 intera a	.a. ***********************************
	OR CONDITIONS, if		-				
	G CONDITION last.						
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITIONS CONTROL OF THE PROPERTY OF	ONTRIBUT	TING THE				
DISEASE OR	CONDITION CAUSING I	Т.	OR WHICH OPERATION	20A. AUTOPS	12 (Yes or N	IOI 208 IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PERI		WINCH O'LKATION	Ves		IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	- 1	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or obout 21C. WI	HERE DID	(If in Baltimo	re City, give exact location)
2				215 HO	W DID IN	IIIIRY OCCUR?	
OF INJURY	(William Cody) (Febr		While At The Not W		W DID IN	JOKI OCCOK:	
			Work At Wo		-	65 1	3 65
22. I certify	that (*) (this hospital	) attende	d the deceased from				17
that (1) (ma)	last saw the decease	ed alive a	n APRIL 21	19 07	and t	hat in (my) (aur) ap	inian death occurred an the da
		ted abave	. (1) (We) (dld) ( <del>did not)</del>	view the bady at	ter death.		
23A. SIGNATA	URE)	1 1/11	1	Man E	-1	SA-11	23 B. DATE SIGNED
/	K: 1 1 11		AA D A	mending M	ed.	31011 X	4-3-65
/.	Tichard N.	Nella	Cr P	,	irector	Phys. Leal	T-J-0,
23C. PHYSICIA NAME (1)	Type)	ALLER	M.I.	23D. ADDRESS			SPITAL
RIC	CHARD H. HEI		Cr P	THE JOI	INS H	OPKINS HO	
RIC RIC 4A. BURIAL CRE REMOVAL	CHARD H. HEI	24C	M.I. NAME OF CEMETERY OF C	23D. ADDRESS THE JOI	4NS H	OPKINS HO	SPITAL Sily, town, or county) (State)
AA. BURIAL CRE REMOVAL	CHARD H. HEI	5 Jo	Cr P	23D. ADDRESS THE JOI	HNS H	OPKINS HOLOCATION	SPITAL Sily, town, or county) (State)
AA. BURIAL CRE REMOVAL	Type) CHARD H. HEI MATION, 248. DATE (Specify) TION 4-3-6	5 Jo	M.I.  NAME OF CEMETERY OF CO.  OHNS HOPKINS	THE JOI REMATORY	HNS H	OPKINS HOLOCATION	SPITAL  City, town, or county) (State)  , MARYLAND
21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (ma)	last saw the decease	l) attende	d the deceased from APRIL 3, (1) (Wa) (did) (did not)	APRIL  19 65  view the bady at	and to	hat in (my) (aur) ap	inian death occurred an the d

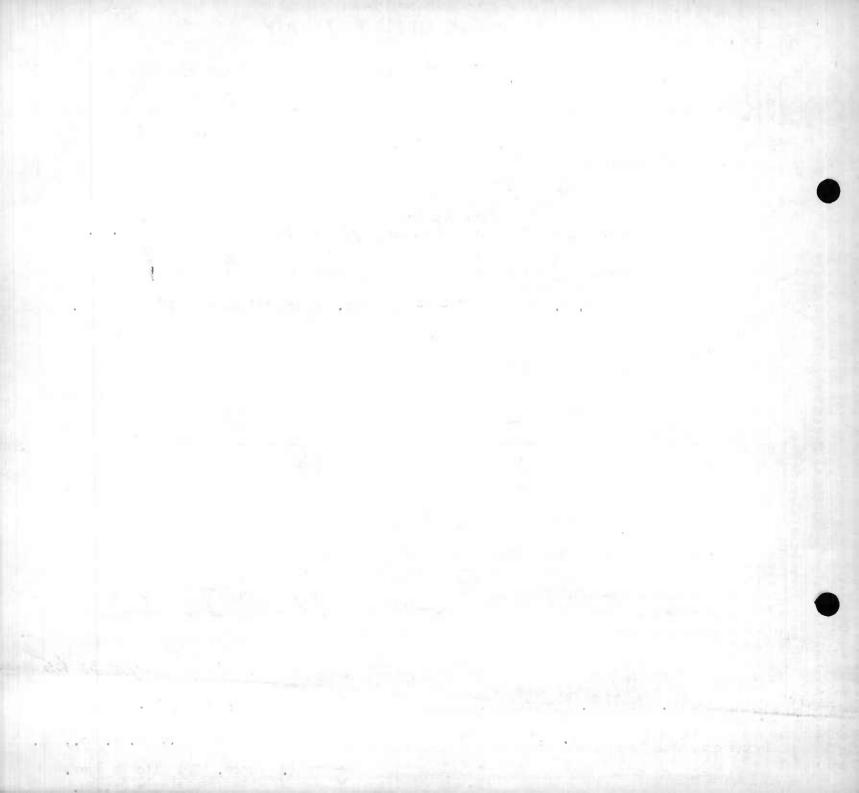
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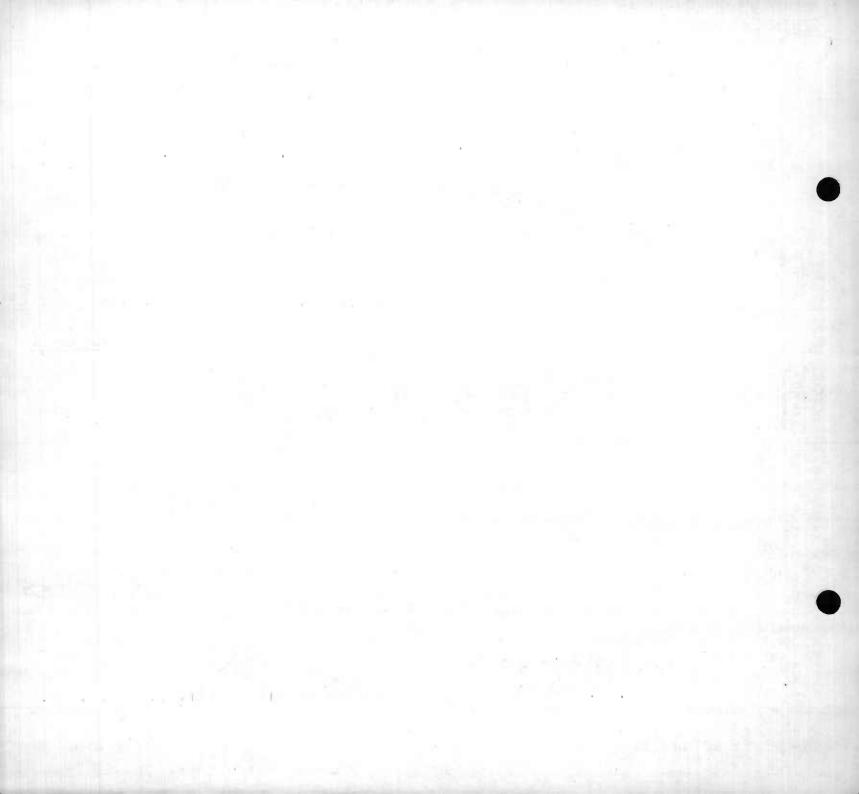
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BIRTH NO. 65 3638 CERTIFICATE OF DEATH Registered No.	65 3638
M.E. CASE NO.  I. NAME OF DECEASED  IZ. DATE AND HOUR OF DEATH	
Tung at Print	1 (56
PLACE OF DEATH IN BALTIMORE, MARILAND   4. USUAL RESIDENCE (Where decreased lived, If in	stitution; socidence bette admi
A. STATE B. COUNTY	simulation residence beloft dank
FULL NAME OF (If not in hospital or institution, give street WAR NAME)	IRE LO
HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write in the city limits with the city limits wi	RURAL and give township)
BAZIMAE	
D. STREET ADDRESS (If rurol, give location)	
DIMM MEMORIAL HOSBITAL 3714 BODEOUROPOLOS	aks Brooklyn Ave
SEX   6- RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years	
WIDOWED, DIVORCED (specify) 4-23-02 (lost birthdoy)	Months Doys Hours A
PLYKULED .	
DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	USA
3. FATHER'S NAME	7 , 1
W	2-
WITHIUM DICHER MUSTANIA	770
5. Was Deceased Ever in U. S. Armed Forces?  (es,no or unknown)(If yes, give wor or doles of service)  16. SOCIAL  17. INFORMANT  SECURITY NO.	ADDRESS
1100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	ALANE
18. CAUSE OF DEATH	INTERVAL BETWEEN
13 0 /	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) CARCINOMA & ESOPHANS  (This does not made the made of the mad	2785
(This does not mean the made of dying, e.g., DUE TO	, 4- 3
heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	
ANTECEDENT CAUSES (8)	******************************
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) slating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WAS PERFORMAND	FINDINGS CONSIDERED USES OF DEATH?
CIVORG DIX	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner) N/A etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	1 mg 1 2 1 2 1 1 1
OF INJURY  (APPROX.)  While At   Work   N/A	
Work Work Work	
22. I certify that (1) (this hospital) attended the deceased fram 3-6 19 65 ta 4	<u> </u>
that (1) (we) last saw the deceased alive an 45 19 65 and that in (my) (aur) api	nian death accurred on the
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A_SIGNATURE	23 B. DATE SIGNED
M.D. Attending Med. Stoff T	E Aco. CC
Knadbool J. Marsh Phys. Director Phys. D	1) 1/0KIS P)
23C. PHYSICIAN'S NAME (Type)	*
FREDERICK DO. SMITH M.D. TING MERILE	LATIRZD
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (C)	ty, town, or county) (S)
REMOVAL (Specify)	77
	N. J.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	) • • • • • • • • • • • • • • • • • • •
George J. Conce 4001 F	ditchie Hgwy.

Baltimore 25. Md.







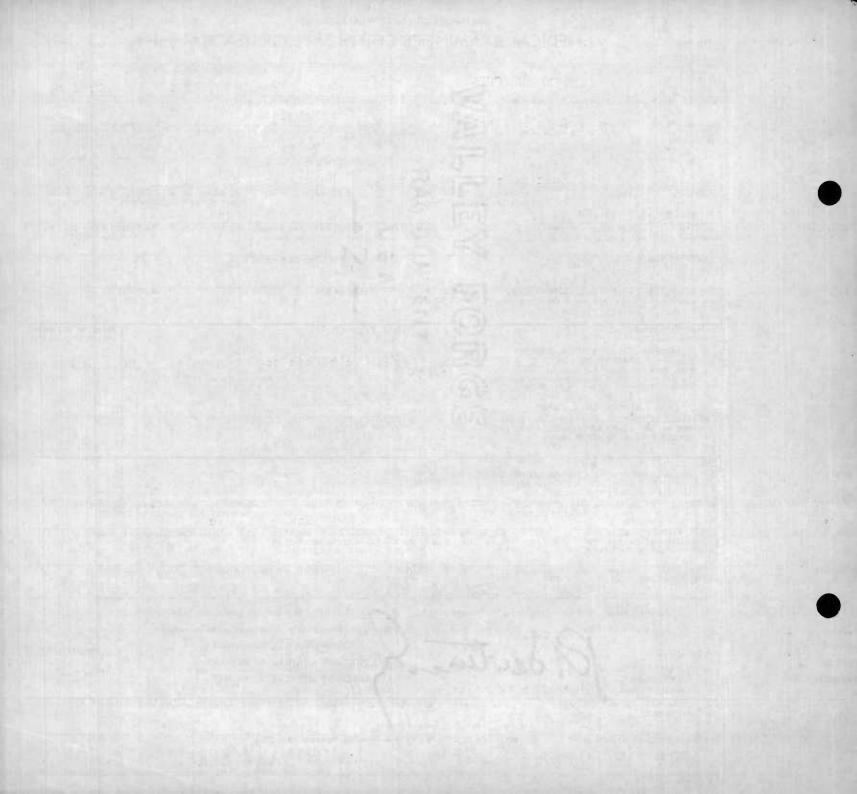
	CASE NO.								
1. NA	ME OF DEC		ama cano	CCTNC		2. DATE A	ND HOUR PRONOUNC	ED DEAD	
/		JA	MES SCRO	GGINS		Man	rch 16, 1965		2:45 p N
		IMORE, MARYLANI			4. USUAL RESID	arylance	e deceosed lived. If inst	titution: resid	dence before admissio
HOSPI INSTIT	NAME OF TAL OR UTION	ADDRESS OR I	DSPITAL OR INS	TITUTION, GIVE STREET		wn (If outsi	de corporate limits, write	RURAL or	nd give township)
1					D. STREET ADD		- /	0	12
		T	Raltimore	City Hognita				- 1	
5. SEX		6. RACE		e City Hospita  ED, NEVER MARRIED	B. DATE OF BIRT		City Hospita		1 Yr, If Under 24 Hi
	nale	white	WIDOWE	D, DIVORCED (specify)			9. AGE (In years lost birthdoy) 59	Months	Days Hours Min.
		PATION (Give kind o vorking life, even il ret		OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(State or fore	ign country)	12. CITIZE	EN OF T COUNTRY?
13. FA1	HER'S NAM	NE .			14. MOTHER'S M	ALDEN NAM	AE		
		O EVER IN U.S. AR			17. INFORMANT			ADDRESS	
18.	The second second	2.1		CAU	SE OF DEATH				INTERVAL BETWEEN
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			N DIRECTIV						
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		LEADING TO DE	EATH	(A) Art	<u>eriosclero</u>	tic car	diovascular	disea	se
			EATH	.g., Art	eriosclero	tic car	diovascular	disea	se
	(This does n heart failure, injury or con	LEADING TO DE not mean the mod osthenio, etc. It m nplication which cou	EATH  le of dying, e. neons the diseos used death.)  AUSES	.g. DUE TO	eriosclero	tic car	diovascular	disea	se
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CERTIFICATION	(This does in head failure, injury or corniury or corn	LEADING TO DE tot mean the mod osthenio, etc. It in mplication which countries to the countries of the count	EATH  le of dying, e,	G (B).  IG DUE TO  (C)	20A. AUTOPS	1? (Yes or No	) [20B. IF YES. WERE FI	NDINGS C	ON SIDERE D
AL CERTIFICATION	(This does in heart foilure, injury or cor A DISEASES (RISE TO THUNDERLYIN OTHER SIGN TO THE DISEASE OF A, DATE OF A, EXTERNAL IDERLYING	LEADING TO DE tot mean of shenio, etc. It in mplication which countries of the countries of	EATH le of dying, e. meons the diseosused death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO JSING IT.  CONDITION FOR PERFORMED	G (B).  IG DUE TO  (C)	20A. AUTOPS1	7? (Yes or No Yes WHERE DID	) 20B. IF YES, WERE FII IN CERTIFYING CAU! Yes	NDINGS CO	ON SIDERED ATH?
MEDICAL CERTIFICATION	(This does in heart failure, injury or con A DISEASES (RISE TO THUNDERLYIN)  OTHER SIGN TO THE DISEASE OF A, DATE OF A, EXTERNAL IDERLYING CING CAUSING CAUSIN	LEADING TO DE tot mean the mod osthenio, etc. It in mplication which countries to the countries of the count	EATH le of dying, e, meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO USING IT.  CONDITION FOR PERFORMED	JTING DR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)	20A. AUTOPS)  in or obout 21C. Noffice bldg., INJUR	7? (Yes or No Yes WHERE DID Y OCCUR?	208, IF YES, WERE FII IN CERTIFYING CAU: YES (If in Boltimore City, gi	NDINGS CO	ON SIDERED ATH?
MEDICAL CERTIFICATION	(This does in heart foilure, injury or cor A DISEASES (RISE TO THUNDERLYIN OTHER SIGN TO THE DISEASE OF A, DATE OF A, EXTERNAL IDERLYING	LEADING TO DE tot mean the mod osthenio, etc. It in mplication which countries to the countries of the count	EATH le of dying, e. meons the diseosused death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO JSING IT. CONDITION FOR PERFORMED  (Yeor) (Hour)	JTING OR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)  21E, INJURY OCCURREI WHILE AT NO	20A. AUTOPSI office bldg., INJUR	7? (Yes or No Yes WHERE DID Y OCCUR?	) 20B. IF YES, WERE FII IN CERTIFYING CAU! Yes	NDINGS CO	ON SIDERED ATH?
MEDICAL CERTIFICATION	(This does in heart failure, injury or con line of the	LEADING TO DE  tot mean the mod osthenia, etc. It in mplication which cou  NTECENDENT CA  OR CONDITIONS, E ABOVE CAUSE ( IG CONDITION LA  WIFICANT CONDITION PRICANT CONDITION OPERATION 198, WAS  L CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Day)	EATH le of dying, e, e, meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE T RELATED TO JSING IT.  CONDITION FO PERFORMED  (Year) (Hour)	JTING DE TO  (C)  JTING THE  DR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)  21E, INJURY OCCURRE!  WHILE AT NO AT	20 A. AUTOPS) office bldg., INJUR  T WHILE WORK	Yes or No Yes WHERE DID Y OCCUR?	208, IF YES, WERE FII IN CERTIFYING CAUS YES (If in Boltimore City, gi	NDINGS COSES OF DEA	ON SIDERED ATH?
MEDICAL CERTIFICATION  90  100  100  100  100  100  100  100	(This does in heart failure, injury or con line of the	LEADING TO DE tot mean the mod osthenio, etc. It in mplication which countries to the countries of the count	EATH le of dying, e, e, meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE T RELATED TO JSING IT.  CONDITION FO PERFORMED  (Year) (Hour)	JTING DE TO  (C)  JTING THE  OR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, foctory, street, tc.)  21E, INJURY OCCURREI  WHILE AT NO NO WORK  Inspection AT	20 A. AUTOPSN office bldg. INJUR  T WHILE UNDERST	Yes or No Yes WHERE DID Y OCCUR?	208, IF YES, WERE FII IN CERTIFYING CAU: YES (If in Boltimore City, gi	NDINGS COSES OF DEA	ON SIDERED ATH?
MEDICAL CERTIFICATION  90  100  100  100  100  100  100  100	(This does in heart foilure, injury or con A DISEASES (RISE TO THUNDERLYIN OTHER SIGN TO THE DISEASE OF A, EXTERNAL DERLYING LING LOCAULT OF TIME INJURY PPROX.)	LEADING TO DE  tot mean the mod osthenia, etc. It in mplication which cou  NTECENDENT CA  OR CONDITIONS, E ABOVE CAUSE ( IG CONDITION LA  WIFICANT CONDITION PRICANT CONDITION OPERATION 198, WAS  L CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Day)	EATH le of dying, e. meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO ISING IT.  CONDITION FOR PERFORMED  (Year) (Hour)	JTING DE TO  (C)  JTING THE  DR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)  21E, INJURY OCCURRE!  WHILE AT NO AT	20 A. AUTOPSN office bldg. INJUR  T WHILE UNDERST	1? (Yes or No Yes WHERE DID Y OCCUR?	208, IF YES, WERE FII IN CERTIFYING CAUS YES (If in Boltimore City, gi	NDINGS COSES OF DE	ON SIDERED ATH?
MEDICAL CERTIFICATION  90  100  100  100  100  100  100  100	(This does in heart foilure, injury or con A DISEASES (RISE TO THUNDERLYIN OTHER SIGN TO THE DISEASE OF A, EXTERNAL DERLYING LING LOCAULT OF THE INJURY PPROX.)	LEADING TO DE lot mean on the mod osthenio, etc. It in mplication which countries to the mod osthenio, etc. It in mplication which countries to the mplication which countries to the mplication of the mplication	EATH le of dying, e. meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO ISING IT.  CONDITION FOR PERFORMED  (Year) (Hour)	JTING DE TO  (C)  JTING THE  OR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, foctory, street, tc.)  21E, INJURY OCCURREI  WHILE AT NO NO WORK  Inspection AT	20 A. AUTOPSY office bidg. INJUR  21 F. H T WHILE WORK  an ide Hamic	(? (Yes or No Yes WHERE DID Y OCCUR?  OW DID INJ d that an th	208. IF YES, WERE FII IN CERTIFYING CAUSY YES (If in Boltimore City, gi	NDINGS COSES OF DE	ON SIDERED ATH?
MEDICAL CERTIFICATION  90  100  100  100  100  100  100  100	(This does in heart foilure, injury or con A DISEASES (RISE TO THUNDERLYIN OTHER SIGN TO THE DISEASE OF A, EXTERNAL DERLYING LING LOCAULT OF TIME INJURY PPROX.)	LEADING TO DE lot mean the mod osthenio, etc. It in mplication which countries to the contribution of the	EATH le of dying, e. meons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO ISING IT.  CONDITION FOR PERFORMED  (Year) (Hour)	JTING DE TO  (C)  JTING THE  OR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, foctory, street, tc.)  21E, INJURY OCCURREI  WHILE AT NO NO WORK  Inspection AT	20A. AUTOPSN office bidg, INJUR  D 21F. H T WHILE AND Hamic CHIEF M	(? (Yes or No Yes WHERE DID Y OCCUR?  OW DID INJ d that an the	Old The State of t	NDINGS COSES OF DE	ON SIDERED ATH? (cotion)
MEDICAL CERTIFICATION  90  100  100  100  100  100  100  100	(This does in heart foilure, injury or con A DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OF A, EXTERNAL IDERLYING ING CAU:  I Cert resultation of the control	LEADING TO DE tot mean the mod osthenio, etc. It in mplication which could be to the mod osthenio, etc. It in mplication which could be to the mplication of	EATH le of dying, enemons the disease used death.)  AUSES IF ANY, GIVIN A) STATING THAST.  ONS CONTRIBLE TRELATED TO ISING IT.  CONDITION FOR PERFORMED  (Year) (Hour)	JTING OR WHICH OPERATION  1B, PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)  21E. INJURY OCCURREI  WHILE AT NO NOWORK NOWORK  Inspection AT  Accident Suice	20A. AUTOPSN office bidg, INJUR  D 21F. H T WHILE AND Hamic CHIEF M	Yes or No Yes WHERE DID Y OCCUR? OW DID INJ d that an the	O 208. IF YES, WERE FILL IN CERTIFYING CAUSES (If in Boltimore City, given the control of the co	NDINGS COSES OF DE	ON SIDERED ATH?

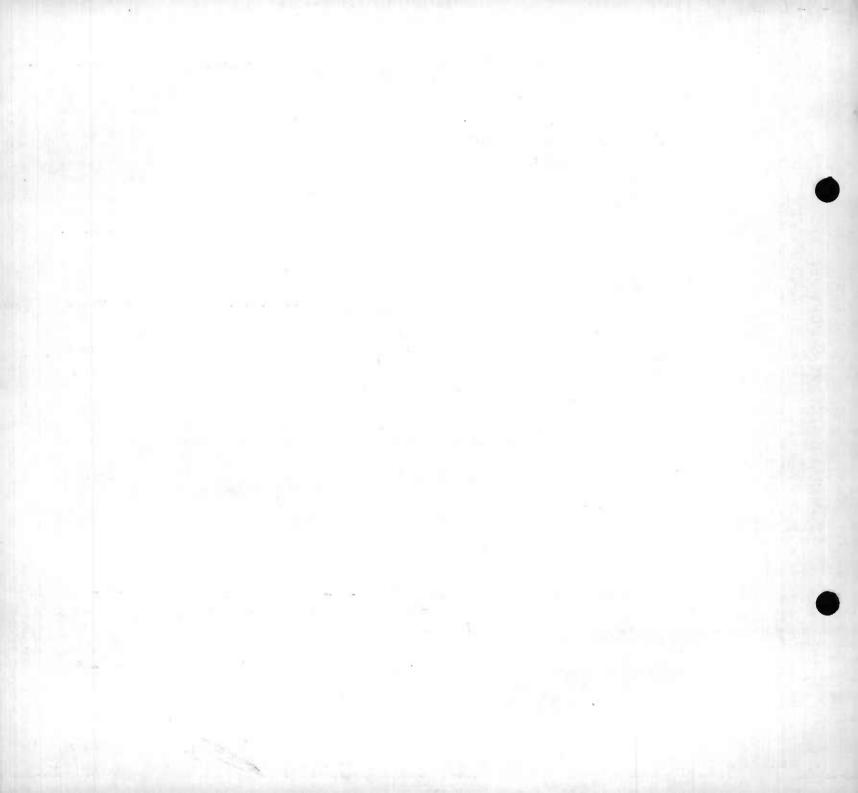
23A. BURIAL CREMATION, 238. DATE

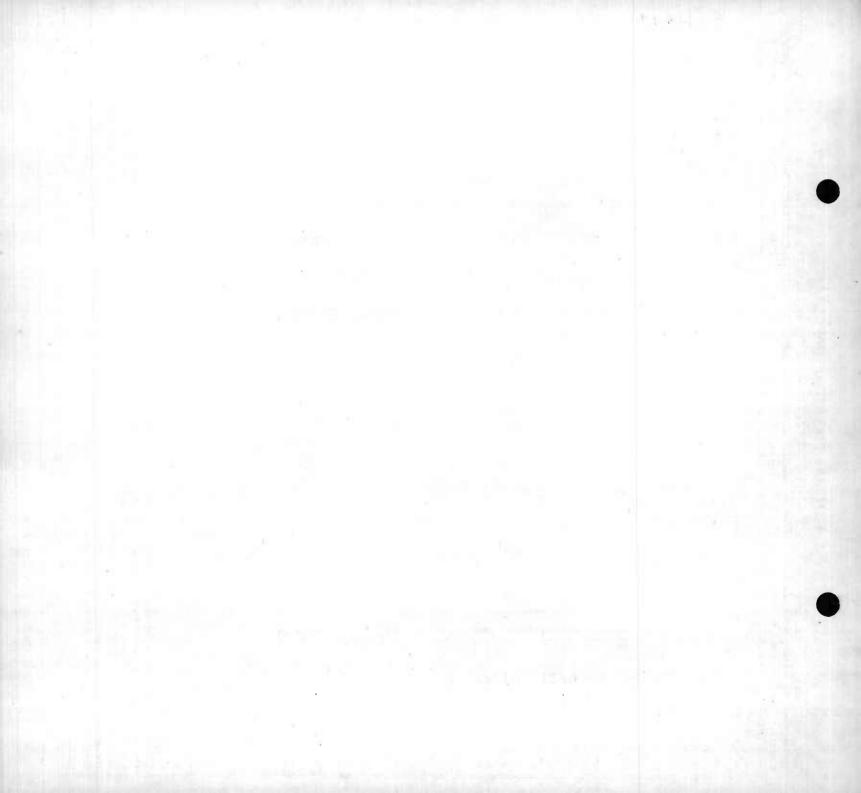
24B NAME OF REGISTRAR

ADDRESS

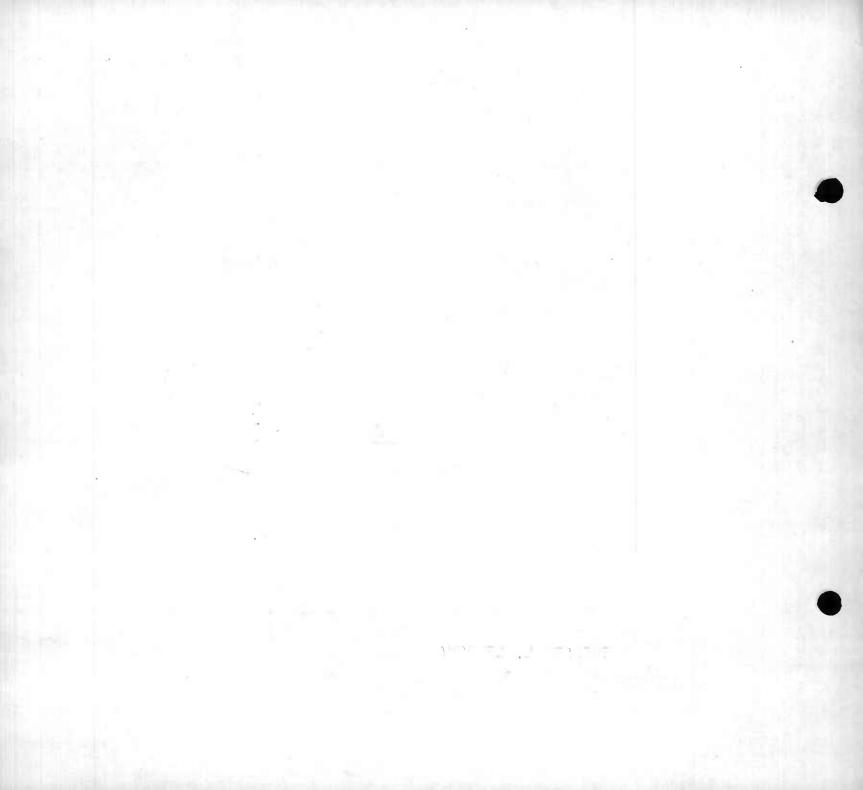
24A. DATE REC'D BY HEALTH DEPT.







DIRECTOR:



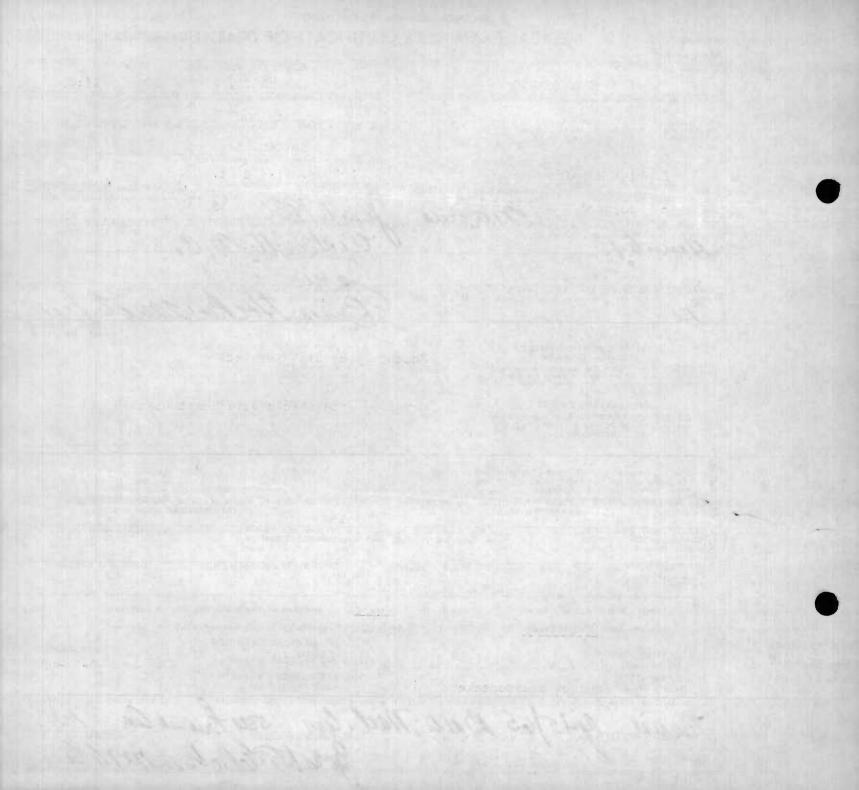
C-650

BIRTH NO.	MED	ICAL EXAMINER 5	CERTIFICA	E OF D	EAIH Register	red No.		
M.E. CASE NO.								
Type or Print)		M COURM	April 3, 1965 10:10 p					
PLACE IN BALT		HERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, If institution: residence bafare admission)				
JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)						
9 19			D. STREET ADDI	RESS (If rural, g		3		
	Josephs Hospi			Chase S				
nale	colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTI	1918	9. AGE (In years last birthdoy) 56	If Under 1 Yr. If Under 24 Hrs. Manths, Days Hours Min.		
N. USUAL OCCU	JPATION (Give kind of working life, even if retired)	k TOB. KIND OF BUSINESS OR INDUST	10 11	,	cauntry)	12. CITIZEN OF WHAT COUNTRY?		
FATHER'S NAM	NE SE	1	14. MOTHER'S M	ALDEN NAME	al .			
QVIPI	um Ca	unml	Solla Solla	9				
WAS DECEASE	D EVER IN U.S. ARMED	O FORCES?  16. SOCIAL SECURITY NO.	17. INFORMANT		2 0	ADDRESS		
No.	yes, give wor or bote	SECORITINO.	Dinn	10, 11	e 3-11-	m. 118 6 Cha.		
18.	0 1	CAU	SE OF DEATH	w /\ -	21 23 1	INTERVAL BETWEEN		
75	I SE OR CONDITION DI		//			ONSET AND DEATH		
DISEASES RISE TO TH	NTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING (B)						
TO THE	II  NIFICANT CONDITIONS  DEATH BUT NOT RE  R CONDITION CAUSING	LATED TO THE			***************************************			
19A. DATE OF	OPERATION 198, CON	IDITION FOR WHICH OPERATION	20A, AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED		
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. PLACE OF INJURY (e.g hame, farm, factory, street, etc.)	g., in or obout 21C. V , office bldg., INJURY	HERE DID	in Baltimare City, giv	ve exoct lacation)		
21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		D 21F. HO	OW DID INJUR	Y OCCUR?			
22.		m. WORK L AT	WORK					
	tify that I held an I	nquiry Inspection X	Autopsy	thot on this	bosis, deoth in m	ny opinion		
resul	ted from: Notural co	uses X Accident Silc	ide Homici	de Ur	ndetermined manne	er 🗌		
ACTUAL	XIN	La 80,7 ()		EDICAL EXA		DATE SIGNED		
SIGNAT		Julium,	D. ASSISTANT M			4-4-65		
EXAMIN		Breitenecker /	ASSOCIATE M	EDICAL EXA	AMINER			
MOYAL (Specify	MATION, 23B. DATE	23C. NAME OF CEMPTERY	new Tack	23D. LO	CATION (City,	town, ar caunty) (State) ADDRESS		
APR 6	1965 Releat	1 20 0	With	to 80	Elichean	01/29 M. Care		

Burne willife Carm manterly Later To Miller & Election 115 8 12

BALTIMORE CITY HEALTH DEPARTMENT

BIRT	TH NO.	)	MEDI	CAL EX	AMINER'S	CE	RTIFICATE OF E	DEATH Registe	red No.	3647	
-	E CASE NO.										
1. I	1. NAME OF DECEASED (Type or Print)						2. DATE AND HOUR PRONOUNCED DEAD				
EULA HOCKER						March	31, 1965		11:05 a <sub>M</sub>		
3. P	LACE IN BALT	IMORE, MARY	LAND, WI	HERE PRONOL	INCED DEAD	14	. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residen		
5111	L MANAGOF	UE NOT	N. HOCOUTA	L OR INICTITI	INOL CIVE CORES		Maryla		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
IN 2	TITUTION						Baltimore STOY				
						ī	D. STREET ADDRESS (If rurol, give location)				
	Hon	kins Ho	snital				2220 E. Bidd1	e St.			
5. S		6. RACE	opical		NEVER MARRIED	8	DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.	
			3		DIVORCED (specify)	1	1 105 0	lost birthdoy		ys   Hours   Min.	
	female	colore		m	244118	- V	UNI 1750				
	. USUAL OCCI during most of v			108. KIND OF	BUSINESS OR'INDUS	TRY	BIRTHPLACE Stote or foreig	n country)	12. CITIZEN	OF COUNTRY?	
,	1/11/11	Mula	n ii teilleu)		6	/ \	Winter will	ma			
13.	ATHER'S NAM	NE of				14	4. MOTHER'S MAIDEN NAME	111coa			
-							(la soin ?				
15.1	WAS DECEASE	D EVER IN U.	S. ARMED	FORCES?	16. SO CIAL	17	HINFORMANT		ADDRESS	<u> </u>	
	, po or unknown				SECURITY NO.	1	In A	1 /	ADDRESS	& 1 :11	
	ma					4	1941101 H	4 Parlo	212116	o Dillot	
	18.	A 1			CAU	J SE C	OF DEATH	Ci QC CII	IN	TERVAL BETWEEN	
	7	91/1							01	NSET AND DEATH	
	DISEA	SE OR COND	O DEATH	ECTLY	Pogo	nt	myocardial infa	ration			
	(This does			dying, e.g.,	DUE TO	116	myocardiai imia	ICCIOII			
	heart failure,	not meen the , osthenio, etc. mplication which	It means th coused d	the disease,	201 10						
		NTECENDEN			(B) Coro	nar	y arteriosclero	tic heart d	isease		
	DISEASES	OR CONDITION	ONS, IF AL	NY, GIVING	DUE TO		· • • • • • • • • • • • • • • • • • • •			,	
-		NG CONDITIO		A IING THE					A 84 -1		
Z					(C)						
ĭ		- 11		4000				The state of the s			
\ V	OTHER SIG	NIFICANT CO	NDITIONS (	CONTRIBUTION	NG						
Ī		DEATH BUT			Ht						
CERTIFICATION	19A. DATE OF	OPERATION			WHICH OPERATION		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIL	IDINGS CON	SIDERED	
O	2		WAS PERF	ORMED			Yes	Yes	SES OF DEATI	H?	
AL	21A. EXTERNA	L CAUSE WA	S	21 B.	PLACE OF INJURY (e.	o., in	or obout 21C. WHERE DID				
EDIC,	UNDERLYING	OR CONTRIB		home etc.)	, form, factory, street	, offi	ce bldg., INJURY OCCUR?	John More July, gi	ve exoci ioco.	10117	
8	UTING CAU	SE OF DEATH	•	erc.,							
Σ	21 D TIME	(Month) (D	oy) (Yeor)	(Hour) 2	1E. INJURY OCCURRE	D	21 F. HOW DID INJU	IRY OCCUR?			
	OF INJURY (APPROX.)			V	WHILE AT TO NO	T WH	HILE				
	22			m. V	VORK L AT	WOR	RK 🗀 ]				
	22.	tify that I he	ld on In	quiry _	Inspection	Autop	sy X and that on thi	s bosis, death In n	ny opinion		
	racul	end from: No	atural cau	cae 3 A	ccidant Suic	-ide [	Hamicide U	Indetermined manny			
	16301	Ted Irdin.	aloral cao	SES A	Sort Sort	riue [			ar		
	ACTUA		11	0			CHIEF MEDICAL EX		1	DATE SIGNED	
	SIGNAT		1/200	Tell-	my "	. D. A	SSISTANT MEDICAL EX	AMINER A		3-31-65	
	EXAMIN	ER'S	10			A	SSOCIATE MEDICAL EX	AMINER		3-31-03	
	NAME (	Type) Rud	iger B	reitene	ecker						
	BURIAL CRE	MATION, 238	B. DATE		C. NAME OF CEMETER	Y or (	CREMATORY 23D. LO	OCATION O (City,	town, or coun	ity) (Stote)	
REA	AOVAL (Specify	RALL	1.0	1,6	B 18 7	Va	4 / 17	ma Do	1/1	no I	
	Buhlo	el pl	my 5	60 1	Jallo 11	ul	CIUM. 33	Ul Tredrick	With.	110).	
24	DATE REC'D	BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR		24C. FUNERAL DIRECTOR	000	ADD	DRESS	
1	APR &	19865	201	4 C T	6.0 HAD B 1	3 5	Treba 10	4.1.10	1119	11/1/200	
		(1000)	Jlost red	7 6,40	400 3/100		Al will I'm	all son	0/10/1	1- mytrast	
VS	151-REV. 1/1/	65					(/			. 7	



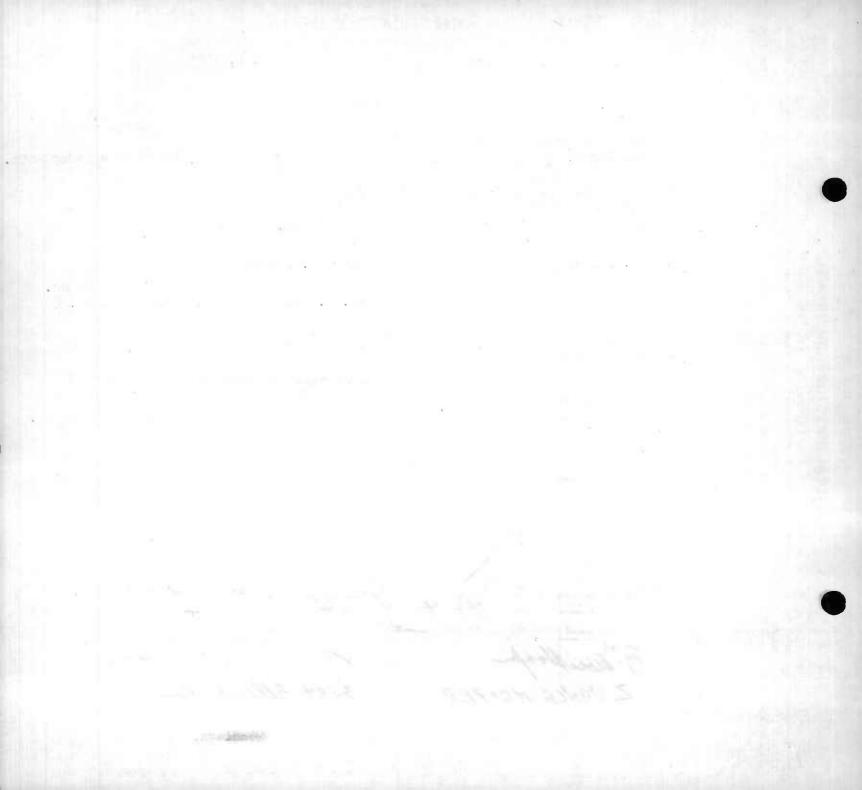
DIRECTOR:

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	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOM
MRTH NO. 65 3649 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 3649
I, NAME OF DECEASED (Type or Print)	. / /	2. DATE AN	D HOUR OF DEATH	
WORA IVE	chols		reh 28,19	965 7:45 A.N
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUN	re deceased lived. If ins	litution: residence before admission
FULL NAME OF (If not in hospital or ins	stitution, give street	MARYLAN	d	4-0
HOSPITAL OR oddress or location) INSTITUTION	,		side city limits, write R	URAL ond give township)
University H	1 Til	DI STREET ADDRESS (II	Tayelle	37.
CONTOERSING M	03,01142	BALTIMORE	· VM	and &
SEX 6. RACE 7. N	AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years //	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FN	VIDOWED, DIVORCED (specify)	1/1/1904	lost birthdoy	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B.		11. BIRTHPLACE (Slote or lose	gn country)	12. CITIZEN OF
one during most of working, tite, even if retired)	, Malingame .	11.77 0	1.	WHAT COUNTRY?
FATHERS NAME		14. MOTHERS MAIDEN NAM	LINA MF	010/4
0 1 511		// /	2	
Was Deceased Ever in U. S. Armed Forces?	2//	HANAH	,	ADDRESS
es, no or unknown) (It yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	(11	V V V V V V V V V V V V V V V V V V V
		George Nichol	s (Dusband	
18. 450,/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	1	- / /	OKISET AND DEATH
LEADING TO DEATH (This does not meen the mode of dyir	(A) Lu	I MONARY [	mboLus	
heart failure, asthenia, etc. It means the	disease,			
injuly of complication which coused deal	( *** . 4	NOTE OF THE PROPERTY (R)	Lea	
ANTECEDENT CAUSES	DUE TO	1 in a		animin 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any,		1 1: 1 1	Tariescler	
rise to the obove couse (A) stot	ing the (C) CEN	evellzea M	2/00/600/60	C
11				
OTHER SIGNIFICANT CONDITIONS CONT		1 - 1	71.	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE ARleviose	levitic hear	oliseAs	ಲ
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
1 3/23/65 GAN	svene (K) Leg	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., i home, foim, foctor, street, o etc.)	ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
DEATH (notify medical examiner)				
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	300
(APPROX.)	While AI Not While Work At Work	· .		1
22. I certify that (this hospital) att	tended the deceased from	March 23	1965 to MA	ceh 28 10 65
that (6) (we) lost sow the deceased al	M	, , ,		ion death occurred on the do
			or in the foot opin	Journ occorred on the do
and hour and from the causes stated a	poove. (me) (did) (arabic) v	view the body offer deoth.		23B. DATE SIGNED
R // M /	M.D. AH	ending Med.	Stoff rtor	2/201
Druce H. Maex	huson Phy	/s. Director	Phys.	0/28/65
23C-PHYSICIAN'S NAME (Type)	A STATE OF THE STA	23D. ADDRESS		
Bruce H. Ma	cPherson M.D.			
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (State)
13.4. 1 4-3-60	m+a. a.	12	oftime	mit
SA. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAS	25C. FUNERAL DIRECTOR	acrem pu	ADDRESS
APR 6 1965 (R.)	2. File intarteuren	6)m/13.5	The Man	melin mel
S 150-REV. 1/1/65		The trees	Je - Will	aparo 1110

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DIRECTOR:



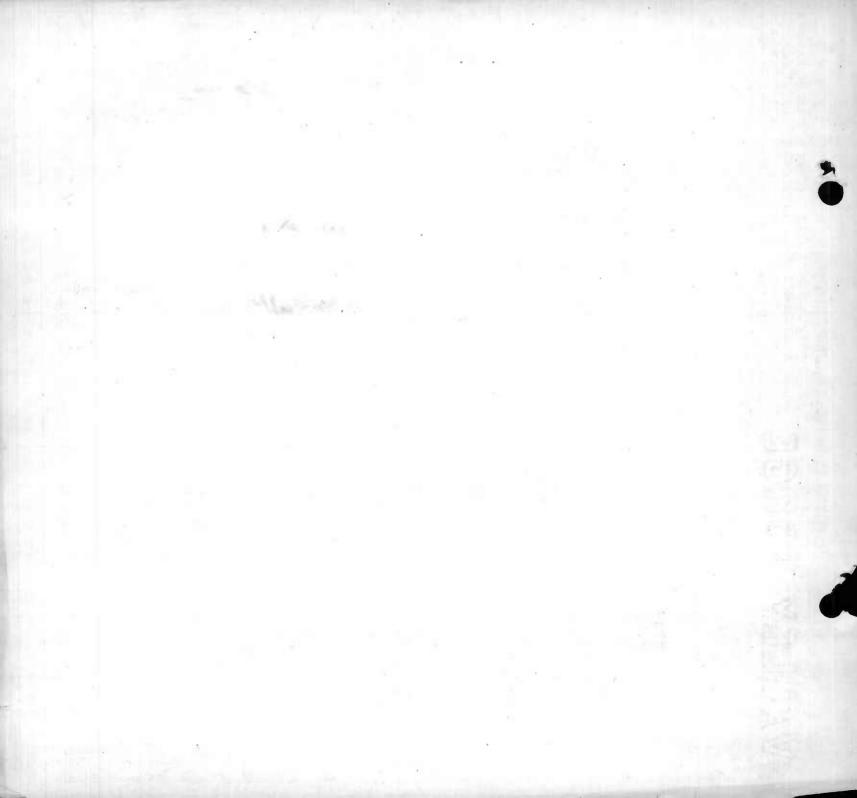
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Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH Kemp. DRWITT. E. Sr. (Type or Print) 4,5165 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY Baltimore
(If outside city limits, write RURAL and give township) 21207 If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A 3600 Kelox Road Mrs. Mary Louise Kemp Baltimore, Md. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 19 to 9,5, ....ond that In(my) (our) opinion death accurred on the date 23B. DATE SIGNED 415,65 written approval y Frederick, Maryland 65 Mt. Olivet Cemetery

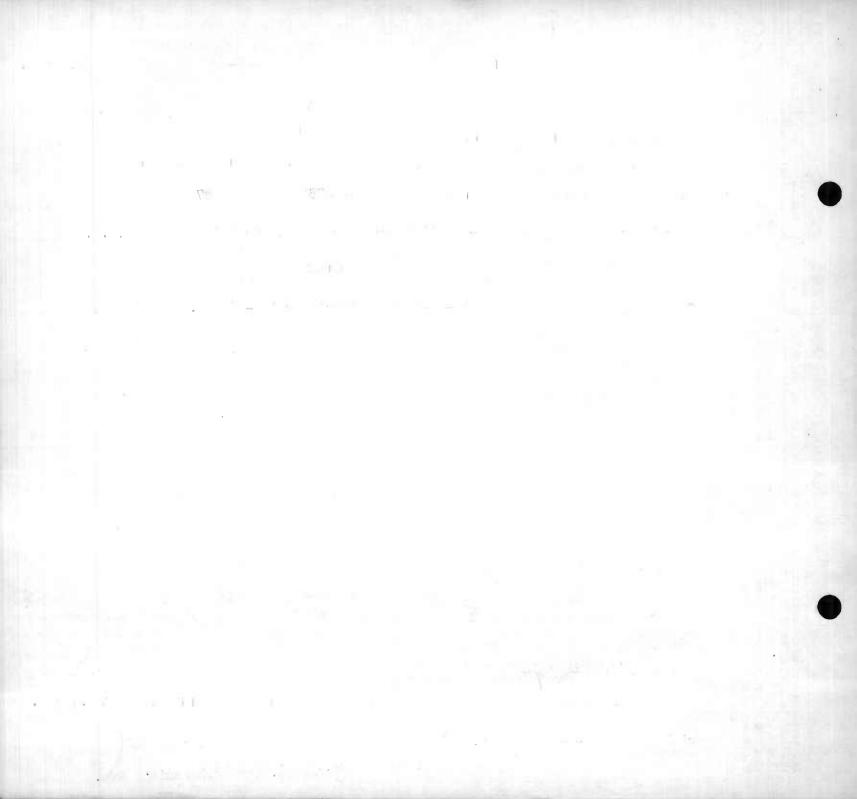
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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV, 1/1/65

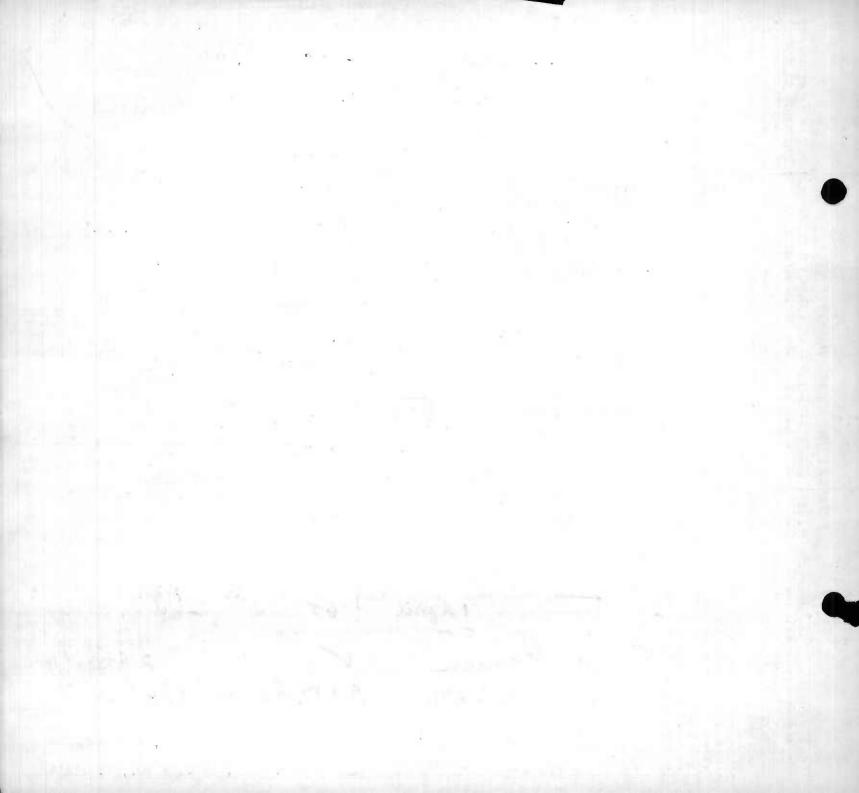


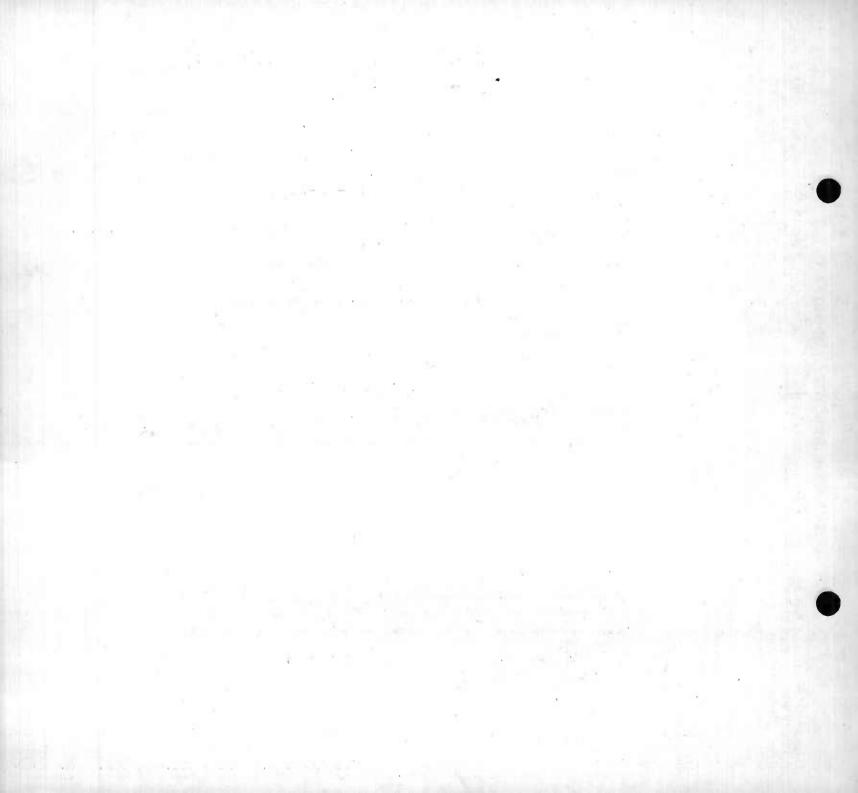
DIRECTOR:



VS 150-REV. 1/1/65

	JOHN S.I	R. SHANKLIN	2. DATE AND HOUR OF DEAT APRIL 2, 1965	H
FULL NAME HOSPITAL OR INSTITUTION		or institution, give street	4. USUAL RESIDENCE (Where deceased lived, if A. STATE 8. COUNTY MD.  C. CITY OR TOWN (If outside city limits, write BALTIMORE)  D. STREET ADDRESS (If rural, give location)	institution; residence before odmission
GOULD	MULCHUM HOPE		3502 HAMILTON AVENUE	
. sex MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWER	8. DATE OF BIRTH 9. AGE (In years lost birthday) 2/24/1879 86	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	f working life, even if retired)	INSURANCE	RY 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?
JOHN W	. SHANKLIN		14. MOTHER'S MAIDEN NAME MAGGIE CROMWELL	
. Was Decease	od Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			MISS MILDRED SHANKLIN	SAME
heart failure injury ar co	LEADING TO DEATH not mean the mode of ,, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) IG CONDITION last,	the disease, deoth.)  (8)  DUE TO  ony, giving stating the (C)	alralizad Applicatolica lisea a Chrome Cardino Rosony	
DISEASE OF	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION	menus mili De egym	LECT GWELLOSS  E FINDINGS CONSIDERED  LAUSES OF DEATH?
	WAS PER		IN CERTIFYING C	AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED While At Not Work At Wo	ork 🗀	
that (I) (yes	) last saw the decease	1/	19.65 and that in(my) (9mr) a	pi kran death accurred an the c
		Priman M.D.	Attending Med. Stoff Phys. Director Phys. 23D. ADDRESS	2 April 69
23A. SIGNAT		<b>&gt;</b>		) 1 th 000
	HOMAS C	BEENNAN M. 24C. NAME OF CEMETERY OF	o. 5217 Harford K	City, town or county) (State



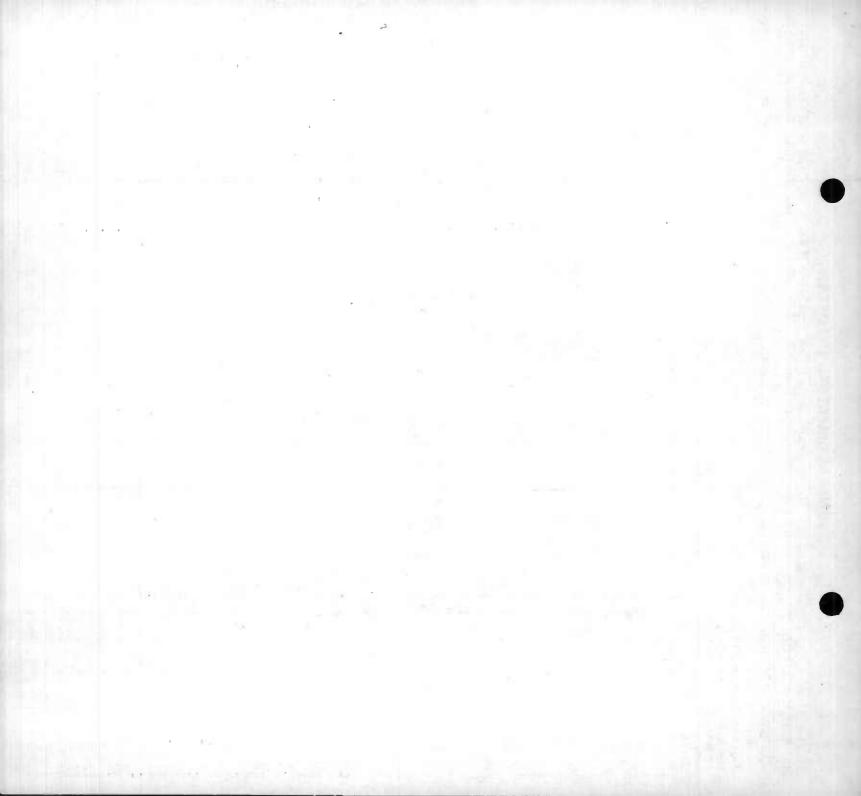


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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

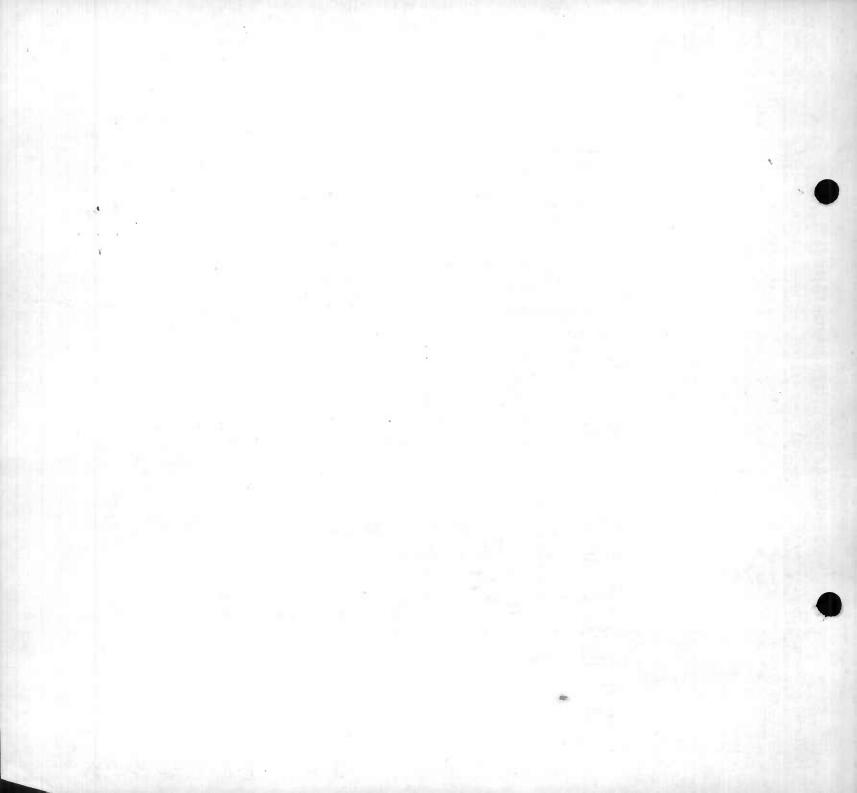


T 2 60 BIRTH NO. 65 3657 BALTIMORE CITY HEALTH DEPARTMENT 6
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

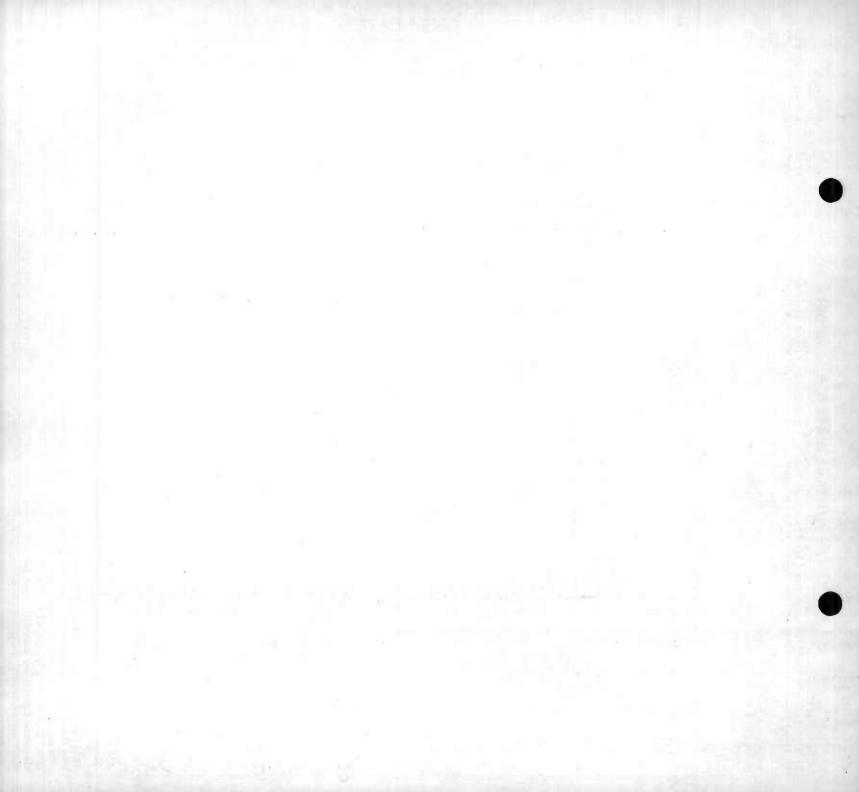
AA E CASE NO	CAL LA	AMINIALKOC	LKIIIICA		DEATH Wages	10.00
M.E. CASE NO.  1. NAME OF DECEASED	C.	10.0001-000		2. DATE AN	D HOUR PRONOUN	CED DEAD
(Type or Print) RALPH TUCKER			April 3, 1965   11:20 a M.			
3. PLACE IN BALTIMORE, MARYLAND, WI			A. STATE		deceased lived. If in	nstitution: residence belore odmis
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA INSTITUTION	L OR INSTITU	TION, GIVE STREET	C. CITY OR TO	WN (If outsic	le corporate limits, w	rite RURAL and give township)
4			D. STREET ADD	Baltimo RESS (If rurol	re , give locotion)	1-00
Union Men					en Blvd.	
male white	WIDOWED, D	NEVER MARRIED SIVORCED(specify) arried	Aug. 14,	1890	9. AGE (In years lost birthdoy) 74	Months Doys Hours
to A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  C.P.A.	1	mployed	1100-1100	Michiga		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Tucker		14. MOTHER'S M	AIDEN NAM		odge
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			Mrs. Bea	trice 1	ucker	(Same)
18.4 9 9		CAUSI	OF DEATH		Marie Land	INTERVAL BETWE
DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING DISEASE OR CONDITION CAUSING WAS PERF	ATING THE					
		HICH OPERATION	20A. AUTOPSY	? (Yes of No)	20 B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. F home, etc.)	LACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. V	HERE DID	(If in Boltimore City,	give exact location)
21D TIME (Month) (Doy) (Year) (APPROX.)		E. INJURY OCCURRED  HILE AT NOT AT W	WHILE ORK	INI DID WC	URY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger	eses X A	Inspection X Au	e Hamici	de C EDICAL EX EDICAL EX		
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	230	NAME of CEMETERY		23 <b>D.</b> L		ty, town, or county) (State
Cremation 4/5/6 24A. DATE REC'D BY HEALTH DEPT.  APR 6 1965	_	E Falley M.A		al director		ADDRESS  lto. 14 Md.
VS 151-REV. 1/1/65			3 6	0	Da.	TOO THE FILL

OFFICE POLICE SAND employed and trained their . No second for the second forest the second for Monard I. maryine, maker in branch

1 NETH NO 65 3658		CITY HEALTH DEPARTMENT	egistered No. 65 365				
M.E. CASE NO.	CERTIFIC	CALL OF DEATH					
1. NAME OF DECEASED GIZA	Y, SARAH	2. DATE AND HE	-4-(05   3.10				
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where dec					
	ital or institution, give street	Maryland					
HOSPITAL OR oddress or local	on)		city limits, write RURAL and give township)				
) (:n-: 4	la inital	D. STREET ADDRESS (IF ruro),	give_location)				
Sinai H	ospitai	8217 Oakleigh	Road #34				
5. SEX F 6. RACE W	MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AG	E (In years If Under 1 Yr. If Under Months Doys Hours				
OA. USUAL OCCUPATION (Give kind of	work 108. KIND OF BUSINESS OR INDU		untry) 12. CITIZEN QF WHAT COUNTRY?				
done during most of working life, even if retire	(d)	Virginia	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	4.5.71.				
	Johnson	2	Marie Street Control				
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or o	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
, , , , , , , , , , , , , , , , , , ,	SECORITI NO.	Mrs. Priscilla	Struck Box 575 Gl				
18. 4/34/1	CAU!	E OF DEATH	INTERVAL BETWO				
DISEASE OR CONDITION	DIRECTLY	D. A C	ONSET AND DE				
LEADING TO DEA	of dvino	Pulmonary E. Congestive Les	dema				
heort failure, osthenio, etc. It med	ons the disease,	, , ,					
injury or complication which caus	sed deoth.)	Congestive Lea	in Failer				
ANTECEDENT CAUS	DOLIO						
DISEASES OR CONDITIONS,		L					
rise to the obove cause (. UNDERLYING CONDITION last.	A) siding the (C)						
_ 11	2						
O THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE + OLLUCY	cliac thrond	605/5				
DISEASE OR CONDITION CAUSIN	ONDITION FOR WHICH OPERATION		IF YES, WERE FINDINGS CONSIDERED				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. C WAS I	PERFORMED		CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e	et, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)				
DEATH (notify medical examiner)	elc.)	The state of the s					
OF INJURY (Month) (Doy) (Ye		21F. HOW DID INJURY C	OCCUR?				
(APPROX)	While At Work At W	While Vork					
22. I certify that (1) (this hospi	ital) attended the decedsed from		J-10 4 - 4 19				
that (I) (we) lost sow the deceased olive on							
ond hour and from the courses stated above. (1) (We) (did) (did not) view the body ofter death.							
23A. SIGNATURE 23B. DATE SIGNED							
( Thursold	Ricels M.D.	Attending Med. Stoff Phys.	D/ 4-4-622				
23C. PHYSICIAN'S		23D. ADDRESS	1 / 43				
NAME (Type) AMADA	P. TOKRES "	A.D.					
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATI	ON (City, town, or county)				
REMOVAL (Specify)	165 Moreland M	0.1	timore, Maryland				
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		0				
ADD 6 1965	NO 4 C FARRAMA	1 1 Formerd J. Ru	ck Inc 5305 Harfor				
S 150-REV. 1/1/65							

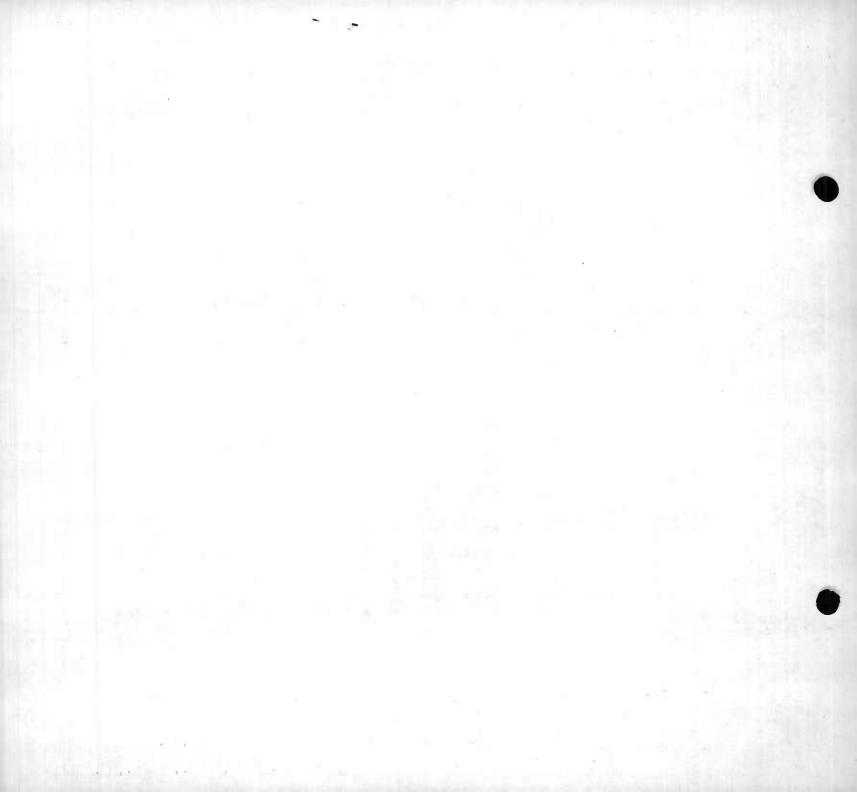


FUNERAL DIRECTOR:

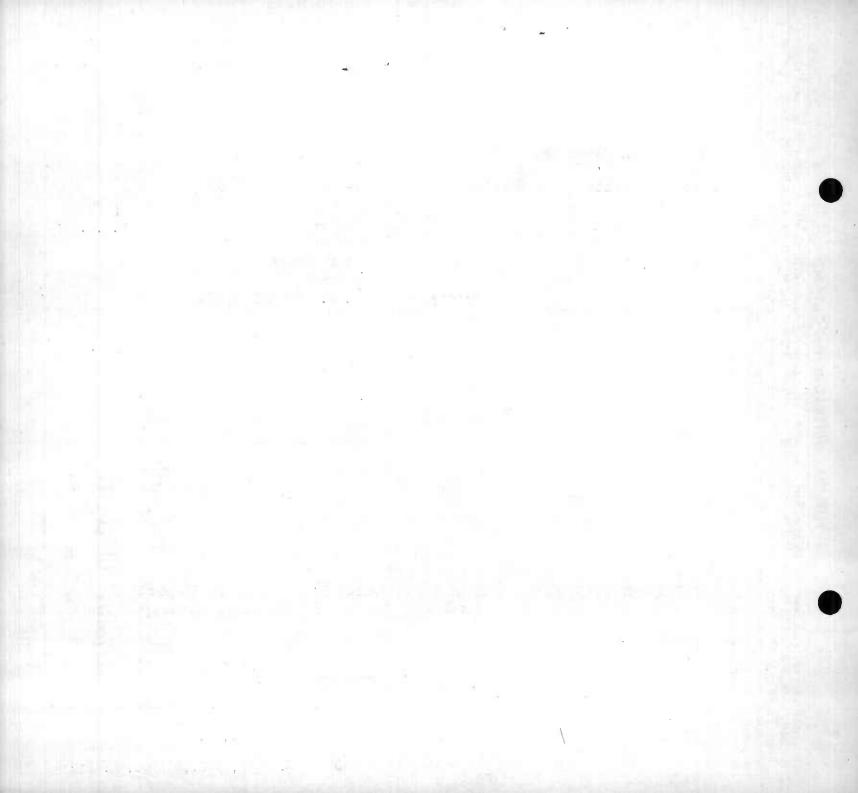


VS 150-REV. 1/1/65

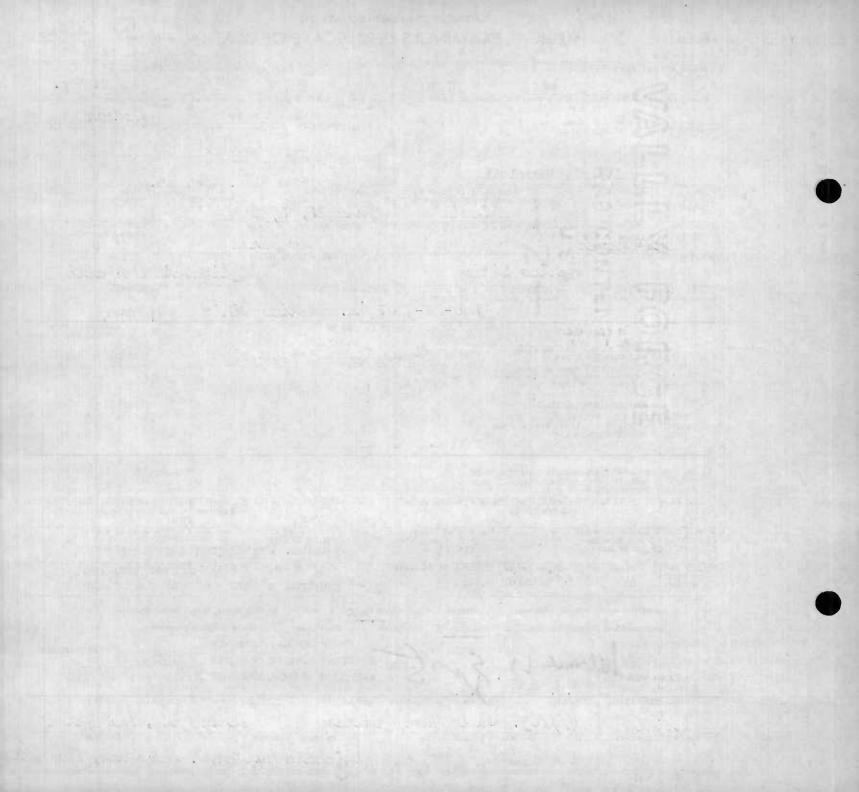
V.S. 153 4-9-65 M.H.



**DIRECTOR:** 

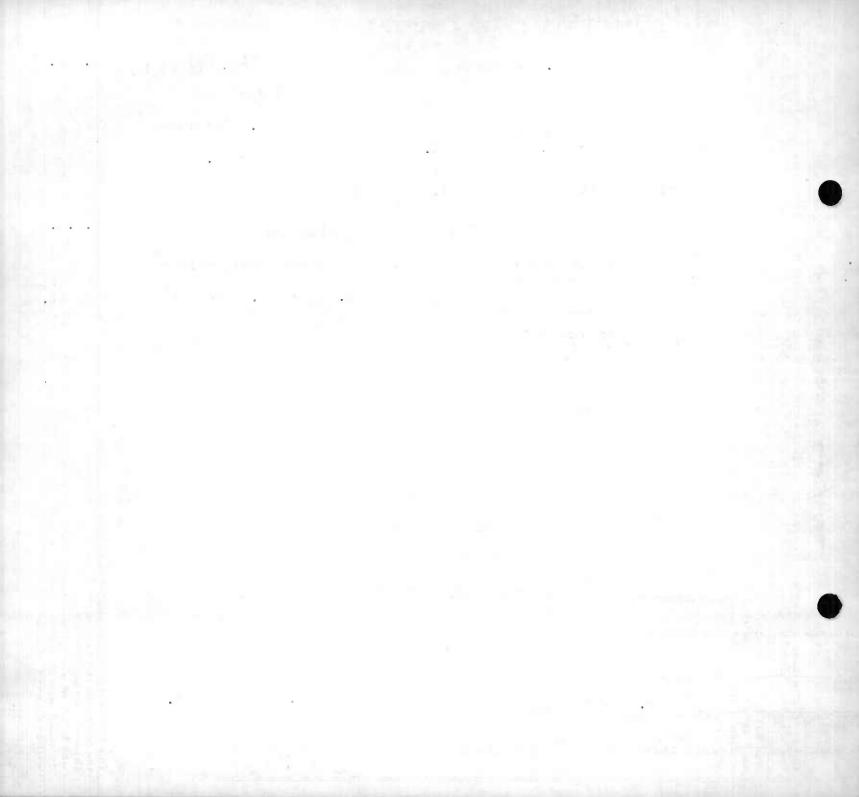


. J	65 3663 BALTIMORE CITY HEALTH DEPARTMENT							
2-270	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.							
	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD							
	FRANK DINIZ 4/1/65 9:05 p. M.							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY / /							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  New Jersey  Hudson  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
	D. STREET ADDRESS (If rurol, give locotion)							
	University Hospital							
	5. SEX   16. RACE   17. MARRIED, NEVER MARRIED   18. DATE OF BIRTH   19. AGE (In years   11 Under 1 Yr, If Under 24 Hrs.							
	male white WIDO WED. DIVORCED (specify)  July 21, 1936   lost birth 28   Months Doys Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTAPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  New Jersey							
	13. FATHER'S NAME Americo Diniz Elizabeth Bentatti							
	T5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.							
	140-20-3201 IVI. Americo Diriz (Same)  CAUSE OF DEATH  INTERVAL BETWEEN							
	ONSET AND DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilure, osthenic, etc. It means the disease,							
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
	TO THE DEATH BUT NOT RELATED TO THE							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. EXTERNAL CAUSE WAS OUNDERLYING BOR CONTRIB- OUNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg, INJURY OCCUR? Balto. Washington Expressway							
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? driver who lost of injury occur? driver who lost occurred injury occurr							
	22. I certify that I held an Inquiry Inspection Autopsy ond that on this basis, death in my opinion							
	resulted from: Notural causes Accident X Suicide Homicide Undetermined manner							
	ACTUAL ALL CONTRACTOR OF THE SIGNED							
	SIGNATURE MILE M.D. ASSISTANT MEDICAL EXAMINER 4/2/65  EXAMINER'S 4/2/65							
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 4/2/65 NAME (Type) W.U. Spitz. N.D.							
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)							
	Burial 4/7/65. Holy Name Cemetery Jersey ity, New Jersey							
	APR 6 1965 Robert Red Red Hargan, W. New York, New Je							
	VS 151-REV. 1/1/65							



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





eceased o

VS 150-REV, 1/1/65

the body

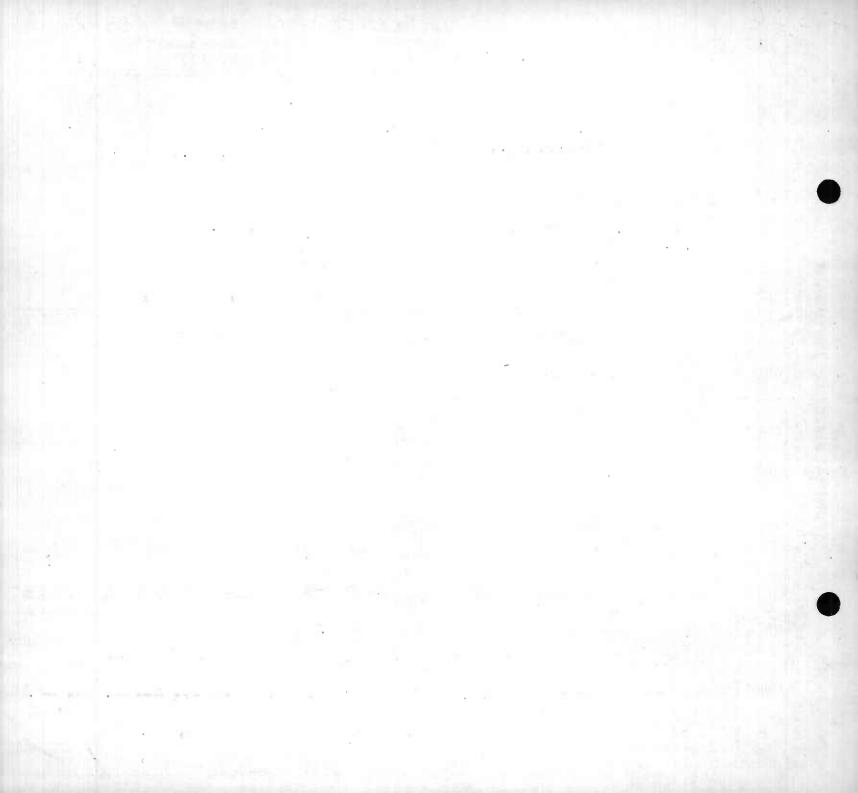
shows:

MOS

of death Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) MARTE A. ANDERS April 2, 1965 4. USUAL RESIDENCE (Where deceased lived, if institutioning)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital ar institution, give street Md HOSPITAL OR oddress ar lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION 837 N. Patterson Park Ave. 837 N. Patterson Park Ave. D. STREET ADDRESS (If rural, give location) Baltimore, Md., 21205 Baltimore, Md., 21205 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours WIDOWED, DIVORCED (specify) lost birthdoy) 12/30/13 51 female white married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most all warking life, even if retired) Frankford Distillery Baltimore, Md. Label Dept. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Hinkleman Frank Hinkleman 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknawn) (If yes, give war ar dates af service) SECURITY NO. Raymond Anders, husband, above CAUSE OF DEATH INTERVAL BETWEEN MALIENANT TOWN of the BROWN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. DE BILL TATT CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DtD hame, farm, factory, street, affice bldg., INJURY OCCUR? Ilf in Baltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Haur) (Manth) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Wark At Wark 22. I certify that (1) (this haspital) attended the deceased fram. 1965 and that in(my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an. and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED written approval 23C. PHYSICIAN'S 23.0. ADDRESS NAME (Type) Baltimore Andrew Lemischka M.D. 2608 E. Balto. M.D. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 4/6/65 Baltimore, Md. Burial Baltimore Cemetery 258. NAME OF REGISTRAR Schimunek Funeral H me, Inc. 3331 Frehms Lane 25A, DATE REC'D BY HEALTH DEPT.

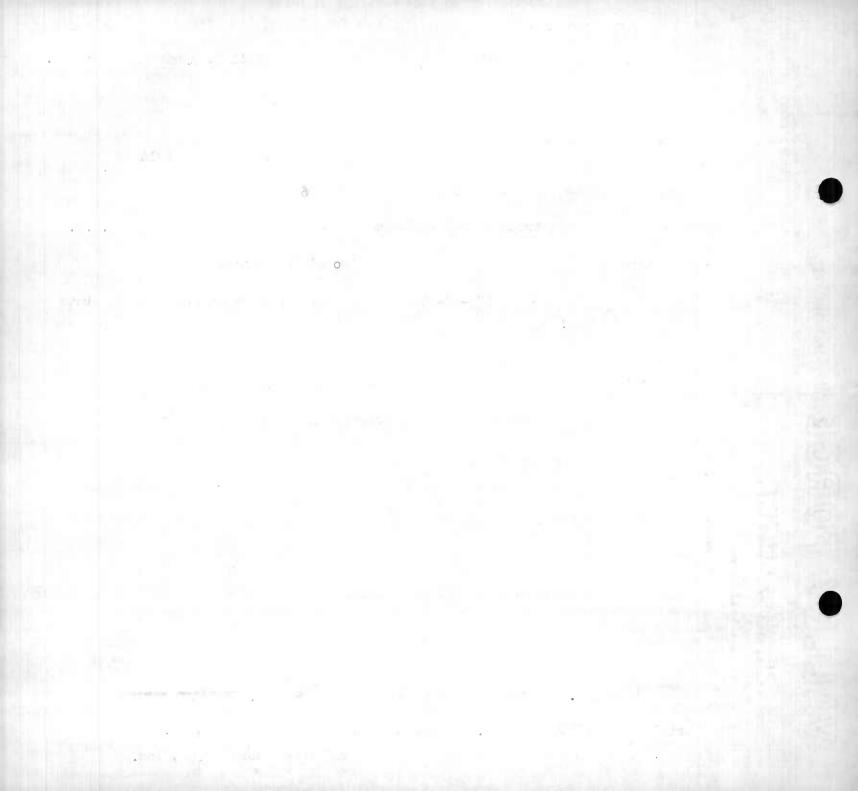
Brehms Lane



VS 150-REV. 1/1/65

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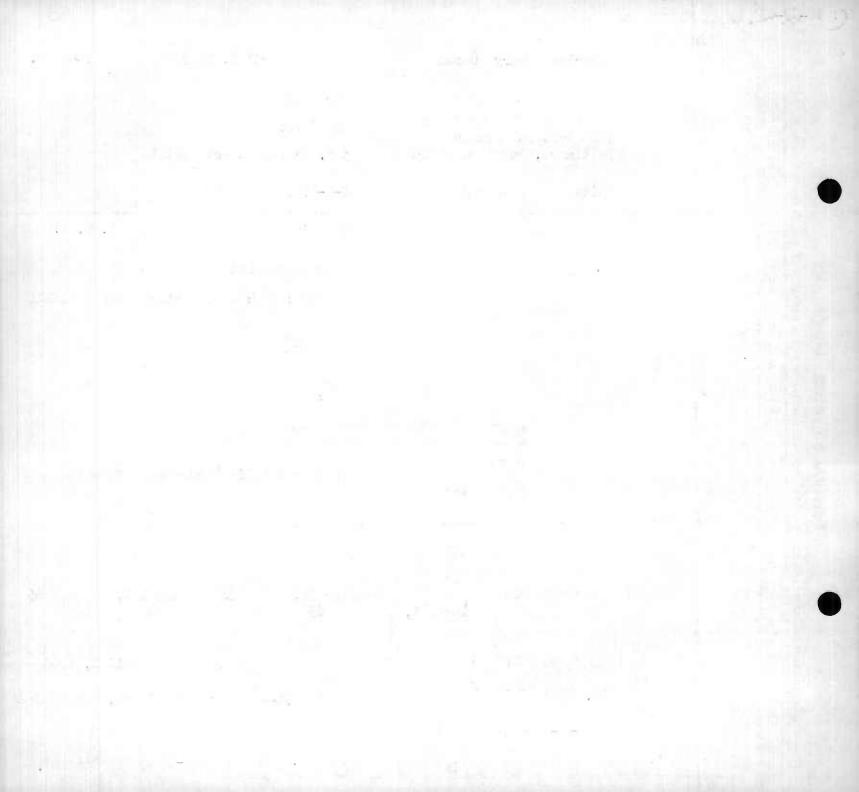
		BALTIMORE CIT	Y HEALTH DEPARTMENT		() P
BIRTH NO.  M.E. CASE NO.  1. NAME OF DE	65 3667	CERTIFICA	TE OF DEATH	Registered Na	65 3667
Type or Print)		RGE Louis		ID HOUR OF DEATH	0.00 P
PLACE OF D	EATH IN BALTIMORE M			rbl 3, 1965	9:00 P.
FULL NAME HOSPITAL OR INSTITUTION			A. STATE B. COUN  Maryland C. CITY OR TOWN (IF OUT  Baltimore	ITY	27-01
4			3902 Souther	n Avenue	¥14
. sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 6/26/86	9. AGE (In years lost birthday) 78	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	UPATION (Give kind of wo f working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Strecker Body Builder	M-weland		U.S.A.
3. FATHER'S NA		opiecker body barraer	Maryland	ME	U.D.A.
Simeon Ga			Leppoldine Pe	rron	ECY. LEVEL 1
5. Was Decease fes, no or unknow	d Ever in U. S. Armed Forn) (If yes, give wor or do	les of service) SECURITY NO.	17. INFORMANT	ro 2 \	ADDRESS
18, 77		579-01-2449 A	Eva Gagne (nee	Tonareau)	wife above
DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE	nat mean the made a , asthenia, etc. It mean mplication which couse  ANTECEDENT CAUSE  OR CONDITIONS, if ne obave couse (A) G CONDITION last.  IIIIICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING	s the discose, d deoth.)  S (B) (DUE TO any, giving stoting the (C) A]  CONTRIBUTING ATED TO THE	Congestive Heart		е
19A. DATE O	WAS PE	NDITION FOR WHICH OPERATION RFORMED	NO 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y modical examiner)  (Month) (Day) (Year	etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?		City, give exact locotion)
OF INJURY		While At Not Whi Work At Work	le 🗆		
that (I) (we and hour ar	) last saw the deceas	ed alive an 4/3 ared above. (I) (We) (did) (did nat)	19 65 and the	19 65 ta 4 at in(my) (aur) opIn	/3 19 65 ian death occurred on the d
23A. SIGNAT	rannel A-	Gengon M.D. Att		Stoff Phy s.	4/3/65
NAME I		ongon M.D.	23D. ADDRESS 1400 N.	. Caroline S	treet
4A. BURIAL CRI REMOVAL Burial	EMATION, 24B. DATE (Specily) 4/7/65	St. Stanislaus	Cemetery Bal	timore, Md.	y, town, or county) (Stoto)
5A. DATE REC'I	APR 6 1965	25B. NAME OF REGISTRAR PLANTS	25C. FUNERAL DIRECTOR Schimunek, Fun 3331 Brehms L	eral Home, I	Inc. ADDRESS



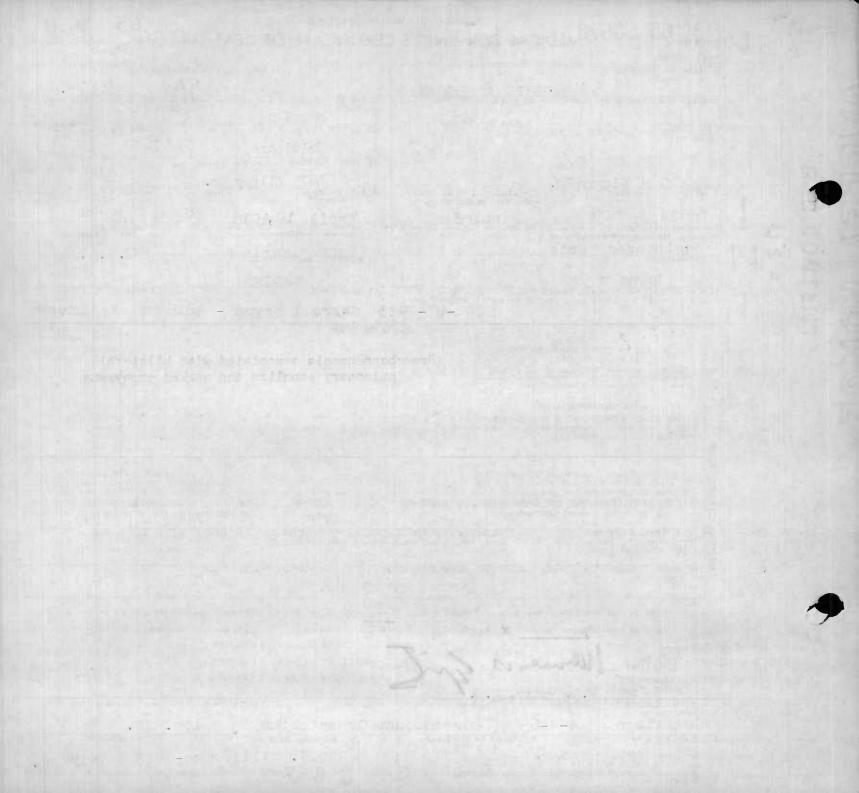


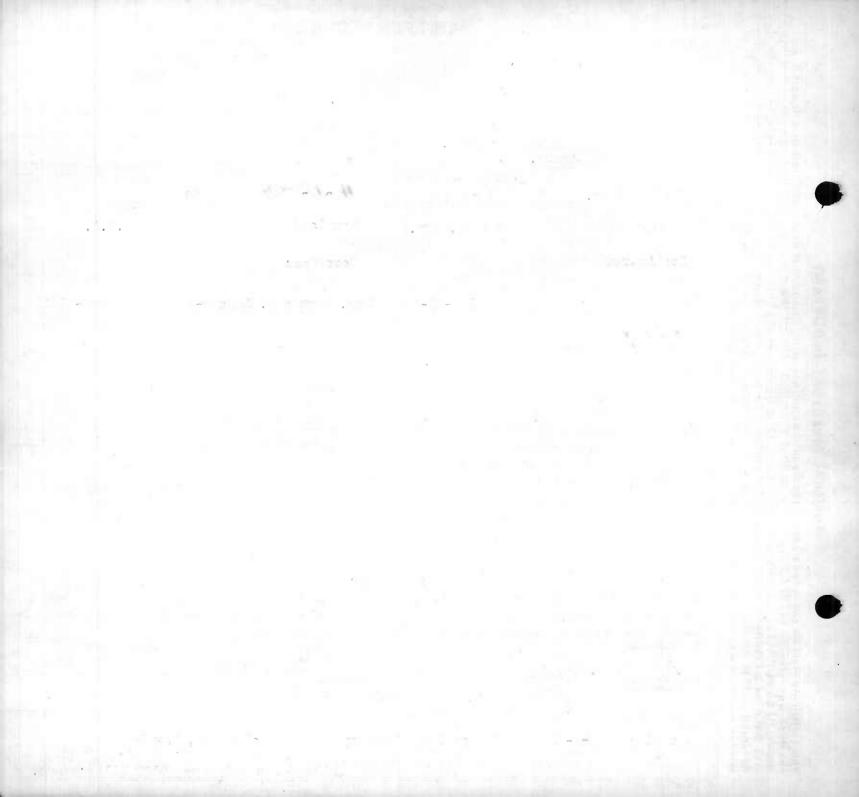
VS 150-REV. 1/1/65

	TE OF DEATH	Registered Na.	65 3669
	Apr	il 1, 1965	6:30 P. N
ls	Maryland c. CITY OR TOWN (IF O	outside city limits, write	RURAL and give township)
1224	5 S. Janney	Street #212	224
ARRIED ED (specify)	6. DATE OF BIRTH 4-6-1907	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN N	AME	0. 0. 11.
AL RITY NO.	Sally Bosty 17. INFORMANT RECORDS: BC		address ern Avenue #21224
CAUSE O			INTERVAL BETWEEN
(A)	Pneumonia		1 Week
(B) DUE TO	Septicemia		l Week
ll car			na 3 Months
PERATION	Yes or I		FINDINGS CONSIDERED USES OF DEATH?
F INJURY (e.g., in actory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact locotion
Not While	21F. HOW DID IN	NJURY OCCUR?	
11,		that in (my) (aur) apl	ril 1, 19 65
id) (dId nat) v	iew the bady after death		
M.D. Atte	ending Med.	Staff -	23 B. DATE SIGNED
Phy	Med. Director 23D. ADDRESS	Staff Phys.	April 1, 1965
M.D.		n Avenue Bal	timore, Maryland#2
La Como	MATORY 24D.		ty, town, or county) (State)
	John C. Mi		



B 650	BALTIMORE CITY HEALTH DEPARTMENT  65 3670  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
D 60	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD
	MARGUERITE BRYAN 4/1/65 16:45 p. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY  Maryland
	HOSPITAL OR ADDRESS OR LOCATION). GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 7703
	D. STREET ADDRESS (If rurol, give locotion)
	4818 Gilray Dr. 4818 Gilray Dr.
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthday)   Months, Doys, Hours, Min.
	female white Marriad April 10 101 48
	done during most of working life, even if retired)  WHAT COUNTRY?
	Registered Nurse Pennsylvania U.S.A.
	Unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO. 200-07-4923   Carroll Bryan - 4818 Gilray Drive
	18. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Bronchopneumonia associated with bilateral
	(This does not meon the mode of dying, e.g., head follow, ostherio, etc. It means the discose, injury or complication which coused death.)
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	(C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
	yes
	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)   UNDERLYING □ OR CONTRIB-   home, form, foctory, street, office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH.
	OF INJURY
	(APPROX.)  m. WHILE AT NOT WHILE AT WORK
	22. 1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion
	resulted from: Notural couses 🗶 Accident 🗌 Suicide 📗 Homicide 🔲 Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE MUNICIPAL ASSISTANT MEDICAL EXAMINER
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER X 4/2/65
	NAME (Type) W.U. Spitz, M.D.   23A. BURIAL CREMATION,   23B. DATE
	REMOVAL (Specify)
	Cremation   4-2-65   Greenmount Crematorium Balto. Md.
	APR 6 1965 Robert E. January John C. Miller Inc-6415 Belair Rd.
	VS 151-8EV. 1/1/65



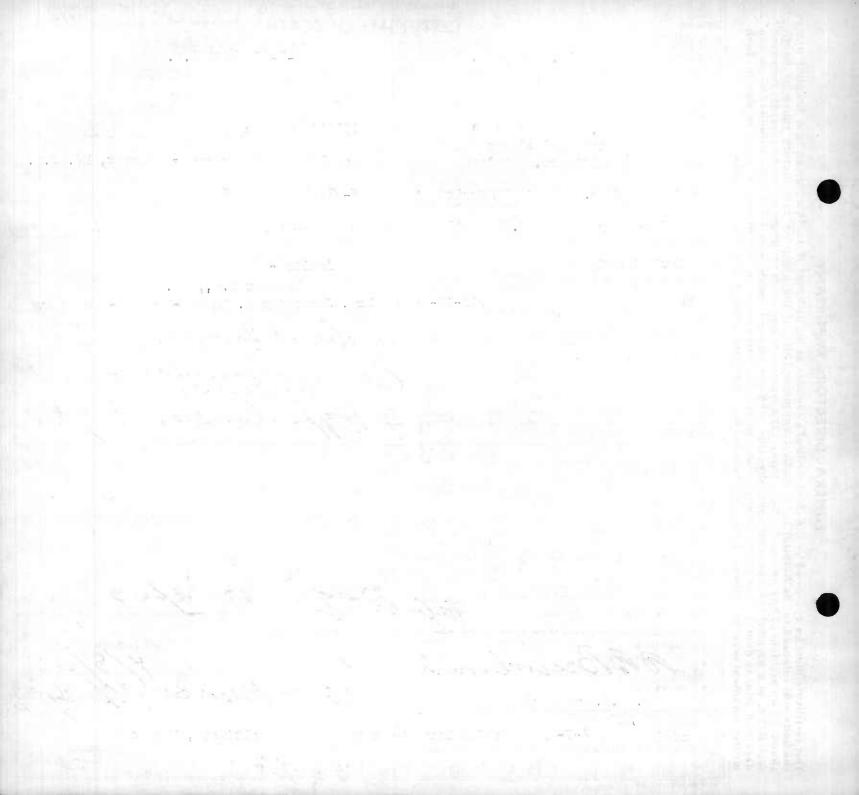


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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

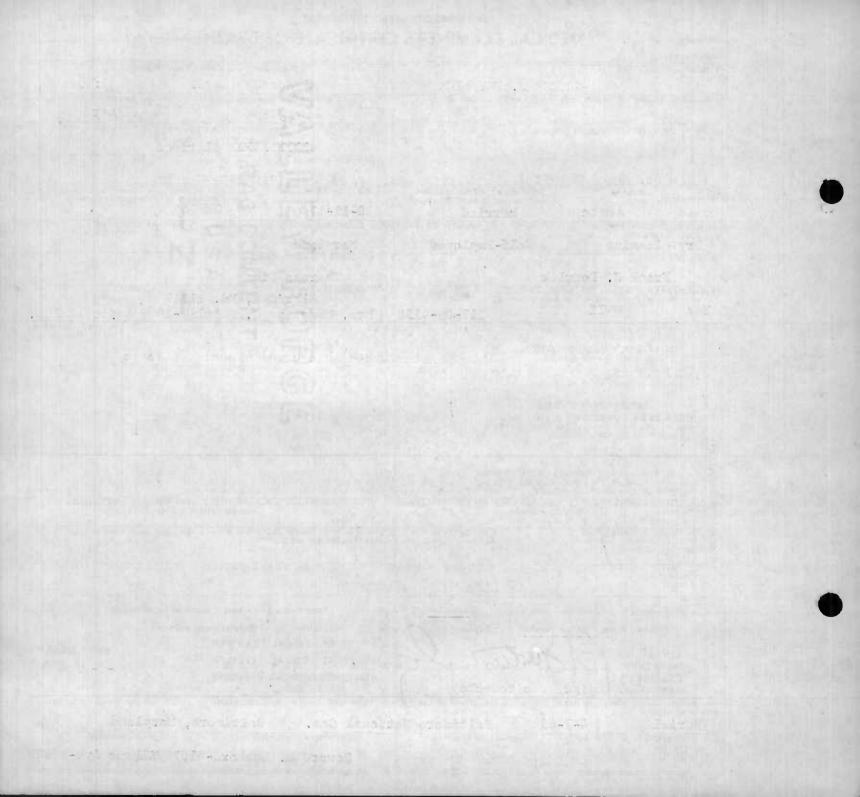
BALTIMORE CITY HEALTH DEPARTMENT



P-364

65 36 THE DICAL EXAMINER'S CERTIFICATE OF DEATH

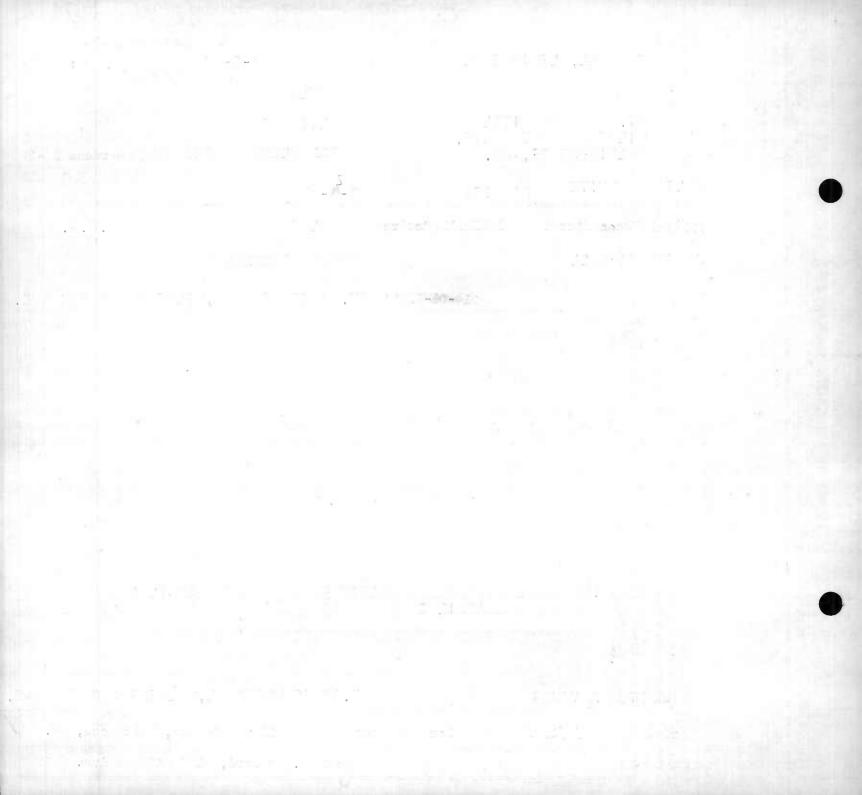
BIRTH NO.	MEDI	CALE	AMINER 3 C	EKTIFICATE	JE DEATH Registe	red Na.	
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)					TE AND HOUR PRONOUNC		
2 81 4 62 111 8 41 7	10-	E J. PE			oril 3, 1965	1:05 a <sub>M.</sub>	
	IMORE MARYLAND, W			I A. STATE	where deceased lived. If inst B. COU 11and	itution: residence before odmission) INTY Howard	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA		UTION, GIVE STREET	C. CITY OR TOWN (II	outside corporate limits, write	RURAL and give township)	
INSTITUTION				KXK	XXXXX Elkridg	e 63-01	
110				D. STREET ADDRESS (If rurol, give locotion)			
St	. Agnes Hospi	tal		1906 Railr	oad Avenue		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 H   Months, Doys, Hours, Min			
male	white	Mari		10-11-17	XX 47	Atomis Doy's Friedly Friedly	
				11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF	
Dry Cle	vorking life, even if retired)	Self-F	Employed	Maryland		WHAT COUNTRY?	
13. FATHER'S NAN		10022		14. MOTHER'S MAIDEN	NAME		
Fra	nk J. Petrlik			Theresa	Sima		
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknown	all yes, give wor or dote	s of service)	SECURITY NO.		dge, Md. 21227		
	MATT		217-09-4152		ne G. Petrlik-1	906 Railroad Ave.	
1B.	od / 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGN	II  VIFICANT CONDITIONS	CONTRIBUTI	(CI				
E DISEASE O	DEATH BUT NOT REI						
19A. DATE OF	OPERATION 19B. CON WAS PER		WHICH OPERATION	NO	IN CERTIFYING CAUS		
UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,		DID (If in Boltimore City, gi	ve exoct locotion)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT AT W	WHILE	D INJURY OCCUR?		
22.	ify that I held an I	ngulry 🗌	Inspection X Au	tapsy and that	an this basis, death in n	ny apinian	
resul	ted fram: Natonal car	uses x	Accident   Pulcid	le Hamicide	Undetermined manne	er 🗌	
	1/1/		-//		L EXAMINER	The second of	
SIGNAT		Vitu	Turk M.D	ASSISTANT MEDICA	L EXAMINER 3	4-3-65	
EXAMIN	ER'S   Type) Rudiger I	Breiten	ecker	ASSOCIATE MEDICA	AL EXAMINER	. 3 03	
23A. BURIAL CRE	MATION, 23B, DATE		C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (City,	town, or county) (State)	
REMOVAL (Specify Burial	4-7-65	5 1	Baltimore Nat	ional Cem.	Baltimore, Ma	rvland	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR		ADDRESS	
APR 6	1965 R.C. 6	1 2 ofa	Suiga O			Wilkens Ave-21229	
VS 151-REV. 1/1/	65		L				



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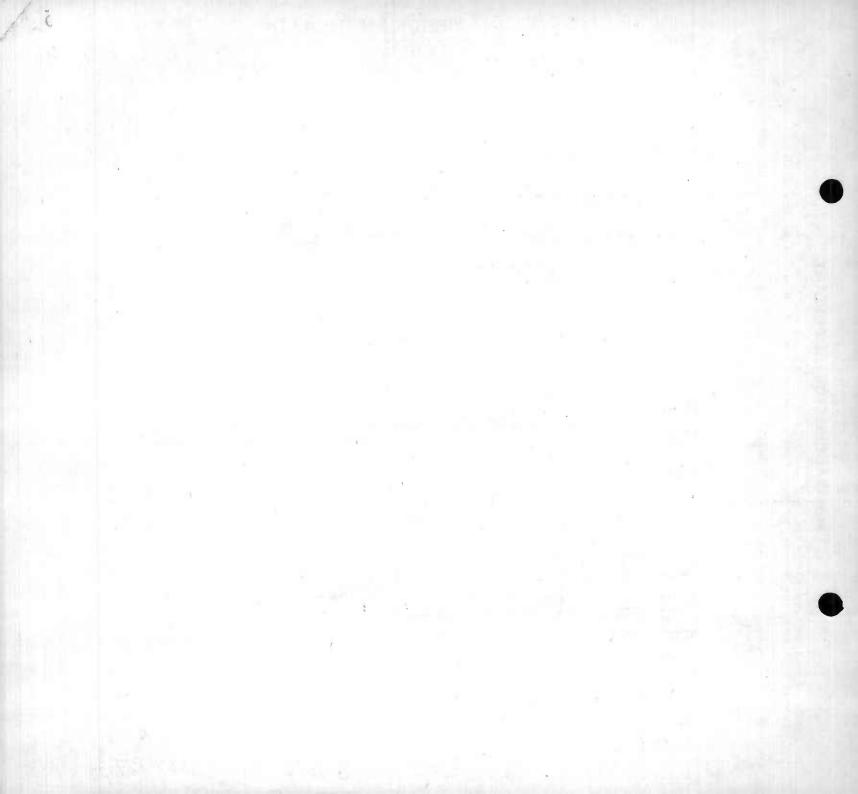
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE CITY HEALTH DEPARTMENT	65 90 mg
M.	CERTIFICATE OF DEATH Registered No	00 3673
(Ту	PLACE OF DEATH IN BALTIMORE, MARYLAND  2. DATE AND HOUR OF DEATH  APY 1 196  4. USUAL RESIDENCE (White deceased lived, If ins	5   1 P. N
	FULL NAME OF (If not in hospital or institution, give street oddress or location)  A. STATE B. COUNTY  MAY AND  C. CITY OBTOWN   If outside city limits, write R	URAL and give township)
4	South Balto, Gen. Hospital D. STREET ADDRESS (If rurol, give locotion) 425 Maude Ave,	25-04
5. :	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Widowed, Divorced Ispecify) March 10,1903 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country)  Manager  Gas + Elec, Co. Md.	12. CITIZEN OF WHAT COUNTRY?
13.	Arthur Webster Leha Webster	
15. (Ye	Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT Family	same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH	ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B) Alive release Cardio rem	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
ATION	UNDERLYING CONDITION Iasi.	
ERTIFICA	19A, DATE OF OPERATION 19R, CONDITION FOR WHICH OPERATION 120A, AUTOPSY2 (Yes of No.) 20R, IF YES WERE EL	NDINGS CONSIDERED SES OF DEATH?
CAL CE	218. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work	
	22	ian death accurred an the date
	ond haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Staff	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)  NAME (Type)  M.D. 200 New Mind All M	allina i mos
247	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City)  BUYER 4-5-65  Cocky Hill Brocklyn A	A. Co. Md.
25/		Patapsco Ave
1.40	100 BEN 1/1/15	

FUNERAL DIRECTOR: IMPORTANT



0.0

VS 150-REV. 1/1/65

of death Deceased death

(5)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MILLER, JESSE EUGENE 10:20 APRIL 1. 1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL INSTITUTION VETERANS ADMINISTRATION HOSPITAL BALTIMORE D. STREET ADDRESS (If rurol, give location) 3900 LOCH RAVEN BLVD. BALTIMORE, MARYLAND 21218 2709 WEGWORTH LANE MARRIED, NEVER MARRIED If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) MARRIED CAUCASIAN 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MECHANIC TRUCKING COMPANY BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SADIE WORKINGER WARREN MILLER 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO V.A.HOSPITAL, BALTIMORE., MD. 21218 1942 TO 1945 YES 215 01 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (B) Bronchogenic Circinona LEADING TO DEATH (This does not mean the mode of dying, hearl foilure, asthenia, etc. Il means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner etc. MEDIC, (Month) (Doy) (Year) 21E. INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) 22. I certify that (1) (this haspital) attended the deceased from FERUARY 26 1965 10 APRIL 1 that 🙀 (we) last saw the deceased alive an APRIL 3. 19.65. and that in (NOV) (our) apinion death occurred on the date and hour and from the couses stated above. (M(We) (did) M(Q) (A) view the body ofter death. 23A. SIGNATURE 238. DATE SIGNED Attending Med. M.D. Director 23D. ADDRESS 23 C. PHYSICLAN V.A.HOSPITAL, BALTIMORE, MD. 21218 24. BURIAL CREMATION, 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4/6/65 Burial AA Co Md. Glen Haven Cem 259 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

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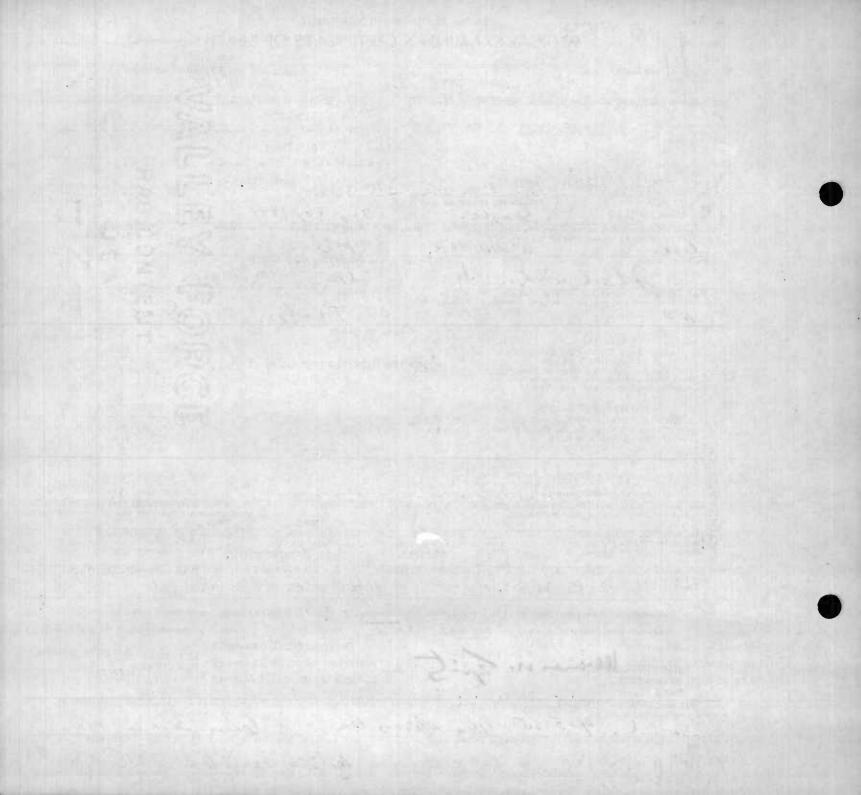
Harrison Corner W. C. Co. They We Grove Med .... a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		
	CERTIFICA	TE OF DEATH	Registered No	65 3677
M.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	
Type or Print) GEORGE E	MASON	4-3	-65	13 Aug
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	ere deceased lived, If in	stitution; residence before admiss
		A. STATE B. CDU	N TY	
FULL NAME OF (If not in haspital ar i HDSPITAL DR address ar location)	nstitution, give street		ALTIMORE	118.11
INSTITUTION		1 4.	itside city limits, write R	URAL and give township)
LUDION MEMORIAL	HOSFITAL	BALTIMORE (III	rural, give location)	10-00
		3226 ABELL	4 / -	
. SEX   6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. , If Under 24
	WIDOWED, DIVORCED (specify)	10-6-10	9. AGE (In years last birthday)	Months Days Hours Mi
MALE WHITE	MARKIED		54	
OA. USUAL OCCUPATION (Give kind of work 10)	R KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntrý)	12. CITIZEN OF WHAT COUNTRY?
GFICE MANAGER	KE FRIGERATION	MARYLAND		USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA		/
WILLIAMA R	MASON	BERTH	4. LIND	EMAN
5. Was Deceased Ever in U. S. Armed Farces	1 6. SOCIAL	17. INFORMANT	1, ~11.0	ADDRESS
Yes, no ar unknown) (If yes, give war ar dates a		1000		
NK NO	UNE-01-1711	CHARI		
18./62 X I	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC	TLY	. 1	-01	
LEADING TO DEATH	(A) (A)	RCINOMA C	F WZUMC	6/1100111
(This does not mean the made of dy heart failure, asthenia, etc. It means the				
injuly or camplication which coused de	ath.)			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any				
rise to the above cause (A) ste UNDERLYING CONDITION last.	ating the (C)			
and the state of t				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE F	INDINGS CONSIDERED
= 3-31-65 WAS PERFOR	UNG TUMOR	No	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimare	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, form, factory, street, a	ffice bldg., INJURY OCCUR?		
U .		215 11211 215		
OF INJURY (Manth) (Day) (Year) (I	dour) 21 E. INJURY OCCURRED White At Not Whi	21F. HOW DID IN	IURT OCCUR?	
(APPRDX)	Wark Not Whi			
22. I certify that (1) (this haspital)	ttended the deceased fram	3-19-	1965 10	4-3 196
that (1) (we) last saw the deceased of	4-3-	65		nian death accurred on the
			(), (our opin	South deconed on the
and hour and from the causes stated	abave. (I) (me) (did) (did nat)	view the bady after death.		1990 DATE SIGNED
·	AA D AA	ending Med.	Stoff	23B. DATE SIGNED
K Marys	M.D. Att	s. Director	Phys.	4-3-65
23C. PHYSICIAN'S' NAME (Type)		23D. ADDRESS		
ROBERT C. THOMPS	ON M.D.			
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (Cit	y, tawn, or county) (Sto
REMOVAL (Specify)	- 10 -		4	m
130001AL 7/2/63	MULL C	25C. FUNERAL DIRECTOR	UTIMORE	110
DR 6 C.D BY HEALTH DELT	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	19	ADDRESS
100 6 1965 A	R-12 StatleoMA	ULL FICH FUX	VERAL HOME	4210 BEVAIR RS
/S 150-REV. 1/1/65	7			

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VS 151-REV. 1/1/65

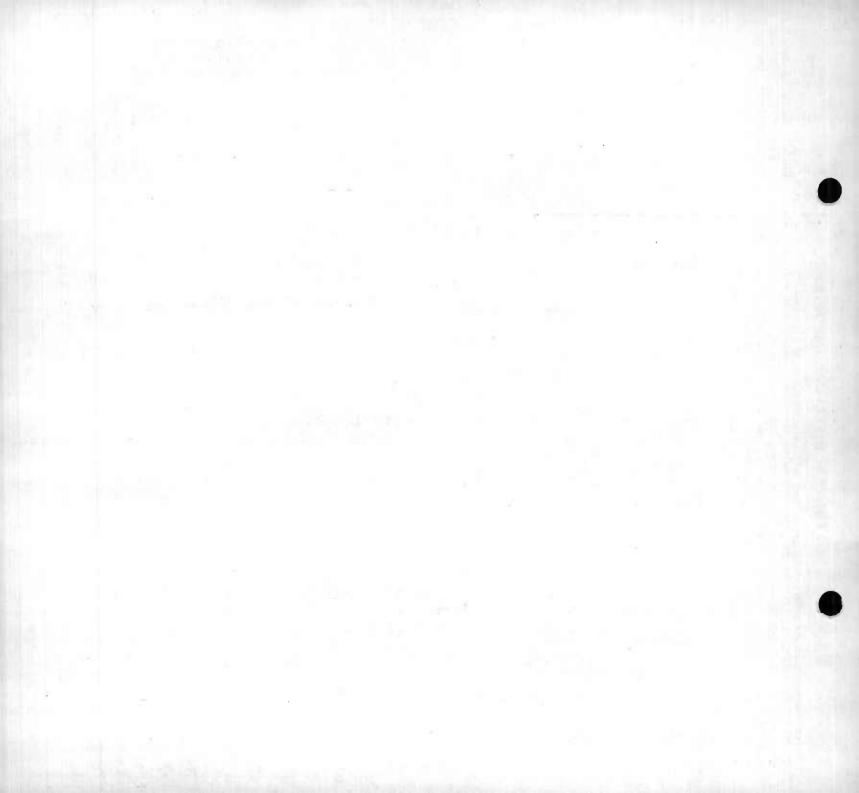
M.E. CASE NO.	EDICAL E	AMIINER 3	LEKTIFICA	TE OF DEATH Regist	ered No.
1. NAME OF DECEASED				2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print) JOI	in c.	BATZE JR.		4/2/65	2:03 a.
3. PLACE IN BALTIMORE, MARYLAN	ND, WHERE PRONO	UNCED DEAD	A CTATE	ENCE (Where deceased lived. If in B. Co	stitution: residence before odmissio
FULL NAME OF (IF NOT IN H	OSPITAL OR INSTIT	UTION, GIVE STREET	11	WN (If outside corporate limits, wri	te RURAL and give township)
INSTITUTION			Ba	ltimore	50-00
All the second second				RESS (If rural, give location)	
43 S D-71:	07	The Paris			
South Baltimo		NEVER ALARRIED	B. DATE OF BIRT		If Under 1 Yr, If Under 24 Hr
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	S. DATE OF BIRT	(lost birthdoy)	Months Doys Hours Min.
male white	Sing	le	aug 26	0, 1941 23	
IOA. USUAL OCCUPATION (Give kind		F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if r	(W. 17)	D. RR	MD		WIIAI COOKIKI.
3. FATHER'S NAME		1	14. MOTHER'S M	AIDEN NAME	
Of C	Ratio	de	Dais	Wagner	
5. WAS DECEASED EVER IN U.S.	PANED EDUCES?	16. SO CIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor		SECURITY NO.		1	7
NO			Fan	nely d	ame.
18.		CAUS	SE OF DEATH	-	INTERVAL BETWEEN
					ONSET AND DEATH
DISEASE OR CONDITION		Carran	a amoniaca	mahmal injumr	
(This does not meon the mo	de of dying, e.g.,	DUE TO	e Crantoce	rebral injury	
heart failure, asthenia, etc. It	meons the discose, oused deoth.)				
ANTECENDENT		(B)			
RISE TO THE ABOVE CAUSE		DUE TO			
UNDERLYING CONDITION	LAST.				
Z	DESTRUCT	(C)	***************************************		
OTHER SIGNIFICANT CONDI					
					The same and
DISEASE OR CONDITION CA					
19A. DATE OF OPERATION 19E	CONDITION FOR	WHICH OPERATION	3_	? (Yes or No) 20B, IF YES, WERE IN CERTIFYING CALLYS	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B.	PLACE OF INJURY (e.g.	, in or obout 21C. V	WHERE DID (If in Boltimore City,	give exact location)
UNDERLYING OR CONTRIB-	etc.)	e, form, foctory, street,	omce orage, INJURI	Hanover St.	52-00
Z 21D TIME (Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED		OW DID INJURY OCCUR? Das:	senger in car
OF INJURY	4 4				songer in car
(APPROX.) 4 2 65	1:45 a.	WHILE AT NOT	WHILE Wh	ich struck pole	
22. I certify that I held	n Inquiry	Inspection A	utapsy x and	d that on this basis, death In	my oninion
resulted fram: Natur	al causes	Accident K Suici	lde Hamici	ide Undetermined man	ner
		/ /.	CHIEF M	EDICAL EXAMINER	DATE SIGNED
SIGNATURE Den	11 - 6	2 1 1	ASSISTANT M	EDICAL EXAMINER	DATE STONED
EXAMINER'S		50 M.	D1	EDICAL EXAMINER	4/2/65
NAME (Type)	U. Spitz.	M.D	ASSOCIATE M	Indiana evolutions	4/ -/ -/
23A, BURIAL CREMATION, 23B. D.		C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	ty, town, or county) (Stote)
REMOVAL (Specify)	510	c1 1	6	(10	
Sanal 4-	3-60	olen Home	n com	Cohen win	race MO.
24A. DATE REC'D BY HEALTH DEP	. 24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
ADD 6 HOOF A			1 1	1 1 1 1	227 P dans. h

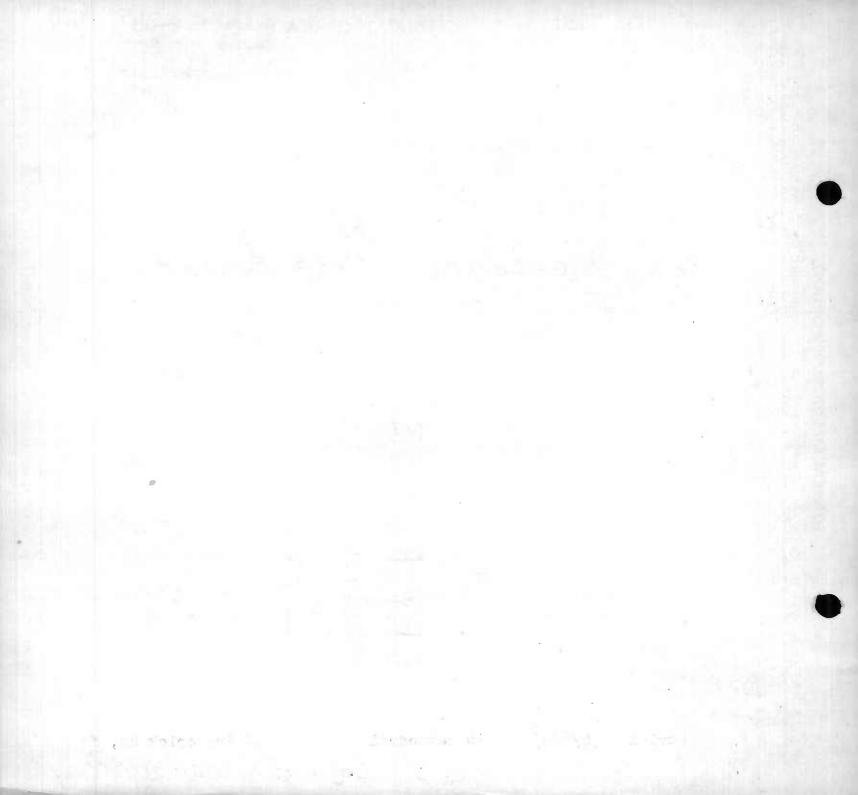


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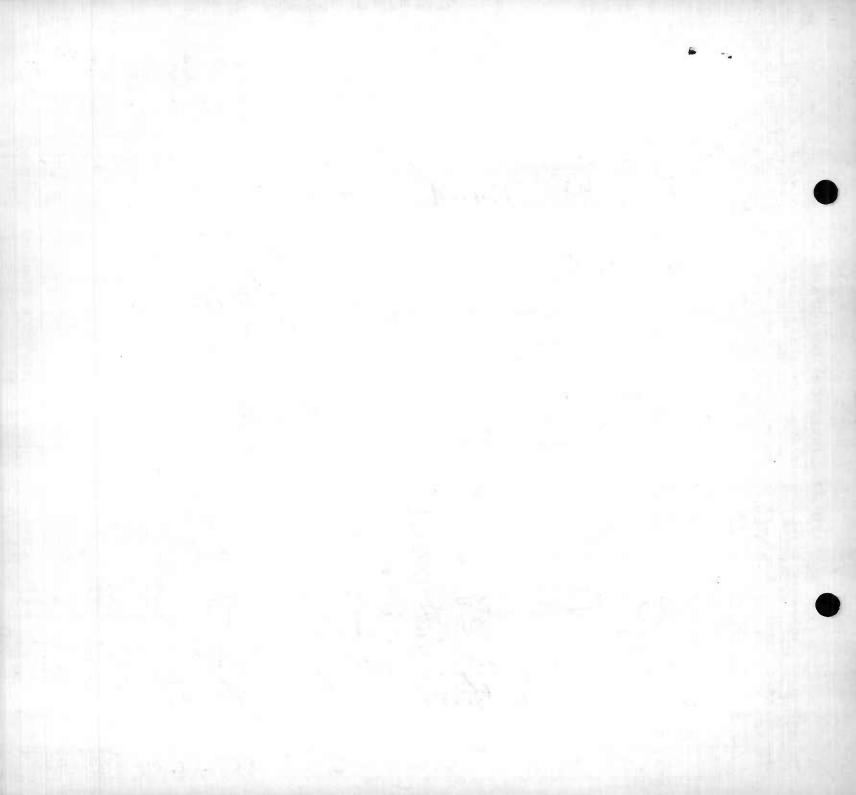
DIRECTOR:

FUNERAL



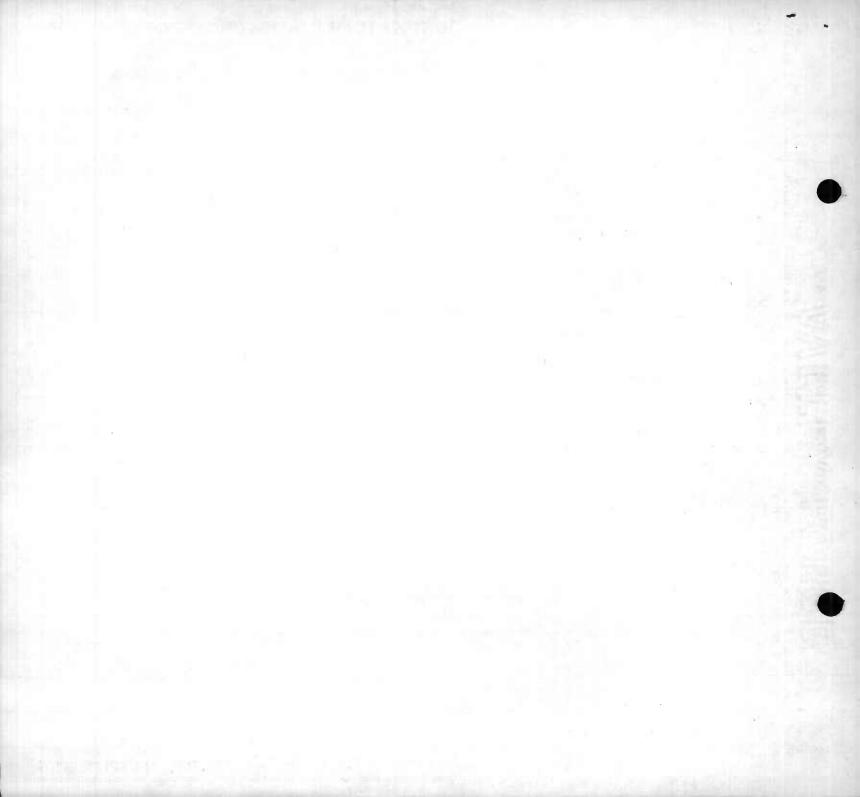


	BALTIMORE CITY HEALTH DEPARTMENT	05 000
BIRTH NO. 65 3681	CERTIFICATE OF DEATH	Registered Na.
1. NAME OF DECEASED	2. DATE	AND HOUR OF DEATH
(Type or Print) (SERSHEW, OON	1A HO	RIL 3, 1965 1 877
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If institution; residence before
Figure 1 and	1/2	2-7-
FULL NAME OF (If not in haspital or institution, give and oddress or location)		outside city limits, write RURAL and give tawnship
INSTITUTION	15	themass)
Senai Hospilal	D. STREET ADDRESS	of rural, give lacotion)
	6316	Trunspini (ne
5. SEX 6. RACE 7. MARRIED, NEV	ER MARRIED B. DATE OF BIRTH	9. AGE (In years   If Wyder 1 Yr. , If Ung
Emale White Mass	VORCED (specify) 4-2-28	last birthday) Months Doys Hours
	INESS OR INDUSTRY 11. BIRTHPLACE (State or for	preign country)   12. CITIZEN OF
done during mast af yfarking life, even if retired)	7/- m	WHAT COUNTRY?
13. FATHERS NAME	Home Mary	conce USC
S. PAINES NAME	1 70. 0	On . /
Samuel yof the	siere Du	your
	SOCIAL IT- INFORMANT	ADDRESS
MA	Sidney_	aspkinast
18. 199 2.	CAUSE OF DEATH	INTERVAL BETY
DISEASE OR CONDITION DIRECTLY	a. na.	ONSET AND E
LEADING TO DEATH	(A) Gived Geras	Leen l'Ulan
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	40000 00000 000000000000000000000000000
injury or complication which caused death.)		
ANTECEDENT CAUSES	DUE TO	***************************************
DISEASES OR CONDITIONS, if any, giving	Chuced 1400	Levar Turen
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) (	acros ways
ll ll		
Z CONTRIBUTION		
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHIC	H OPERATION 20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1) Lee 1964 Curet Curelle	dtuee (40	
OR CONTRIBUTING CAUSE OF home, for	CE OF INJURY (e.g., in ar about 21C. WHERE DID rm, factory, street, office bldg., INJURY OCCUR?	(If in Battimare City, give exact location
DEATH (notify medical examiner)		
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJU OF INJURY  White At	JRY OCCURRED 21F. HOW DID I	NJURY OCCUR?
(APPROX) White At	Nat While	
22. I certify that (I) (this haspital) attended the de	2/2/-	1965 to 4/3
that (1)((we)) last saw the deceased alive an	11/7	
		that in my (aur) apinlan death accurred a
and haur and from the causes stated abave. (1) We	i) and laid nat) view the bady after deat	23B, DATE SIGNED
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	M.D. Attending Med.	Stoff Stoff
They X (X an)	Phys. Director	Phys. 4/3/6
23C. PHÝSICIAN'S NAME (Type)	23D. ADDRESS	16-71
THILIPA. MAG	JFF M.D. Janai	Hornical
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREMATORY 240.	LOCATION (City, tawn, or caunty)
BURIAL 4/5/65 CHIZ	LUK AMUNO LARLINGTON)	BALTIMORE MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GRITARI 25C. FUNERAL DIRECT	
APR 7 1965 RESEARCE	SOL LEVINSON	& BROS. INC. 6010 REISTERST
VS 150-REV. 1/1/65		TOO TO TELETERS!
7 J 13V-06 7: 1/1/V3		



VS 150-REV. 1/1/65

CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

		BALTIMORE CITY			
	H NO. 65 3683	CERTIFICA	TE OF DEATH	Registered No	_65 3683
1, N A	AME OF DECEASED MOVIES	2 Willian	ns apri	C/, 1965	2:10 F
3. PL	LACE OF DEATH IN BALTIMORE, MARYLANI	D	4. USUAL RESIDENCE (Whe	re dedeosed lived. If insti	itution: residence before odmiss
H	ULL NAME OF (If not in hospital or instit oddress or location)		C. CITY OR TOWN III OU	Iside city limits, write RU	RAL and give township)
, ,	Union Mem	exal Hospital	D. STREET ADDRESS OF	rurol, give location)	
7	4	,	4001 81	imroze (	ene
5. SE	Male White "	DOWED DIVORCED (pecify)	October, 1910	lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
done	1	appletor	11. BIRTHALACE (Store or fore)	re Md.	12. CITIZEN OF WHAT COUNTRY?
13. F.	ATHERS NAME	0.0	14. MOTHER'S MAIDEN NA	ME	
5. W	Ves Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	- '	ADDRESS Q
Yes,	no orunknown) (If yes, give wor or dotes of se	SECURITY NO.	us Sarah T	Welliams-	4001 Primiros
1	18. 411 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rke	umate heart	treese	100011
				100	
	(This does not meon the made of dying, heart failure, asthenia, etc. It meons the di		antic wall	in the opposite	wp 1
	heart failure, asthenia, etc. II meons the di injury ar camplication which caused death.	sease,	artie wriftig	rend burache	M
	hearl failure, asthenia, etc. It meons the di injury ar camplication which caused death. ANTECEDENT CAUSES	sease, ) (B) DUE TO	artie wrolf (	rening, barrache	M
	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death. ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting	sease, ) (B) DUE TO giving	artie would	eering, paraxyti	mp 1
	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting UNDERLYING CONDITION tast.	sease, ) (B) DUE TO	artie wruff.	eering, paraxyot	mp 1
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ATION	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION (ast.)  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1798. CONDITION	Sease,  (B)  DUE TO  giving  g The (C)  BUTING  TO THE	Untre woulful Fallry Cardla	) 208. IF YES, WERE FIN	IDINGS CONSIDERED
ERTIFICATION	heart failure, asthenia, etc. It meons the diinjury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION tast.  11  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19.4. DATE OF OPERATION  198. CONDITION WAS PERFORMED	Sease,  (B)  DUE TO  giving g lhe (C)  BUTING TO THE  FOR WHICH OPERATION	Tally Cardle	208. IF YES, WERE FIN	IDINGS CONSIDERED
L CERTIFICATION	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION (ast.)  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1798. CONDITION	Sease,  (B)  DUE TO  giving  g The (C)  BUTING  TO THE	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED
MEDICAL CERTIFICATION	heart failure, asthenia, etc. It meons the dinipity or camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoting UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	giving giving gihe  (C)  BUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or obout 21C. WHERE DID INJURY OCCUR?	O) 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
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MEDICAL CERTIFICATION	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inofity medicol exominer)  21A. ACCIDENT WAS UNDERLYING DEATH Inofity medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY) (APPROX.)	BUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)  While At Not While At Work  At Work	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUS  (If in Boltimore C	IDINGS CONSIDERED ES OF DEATH?  Eity, give exact location)
A MEDICAL CERTIFICATION	heart failure, asthenia, etc. It meons the dinjury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoting UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Inosity medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH Inosity medical examiner)  21D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.)	giving giving gile  (B) DUE TO  giving gile (C)  BUTING TO THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)  While At Not While At Work  anded the deceased from e on Manual 23	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID injury occur?  21F. HOW DID INJ	208. IF YES, WERE FIN IN CERTIFYING CAUS  (If in Boltimore C	IDINGS CONSIDERED ES OF DEATH?  Eity, give exact location)
MEDICAL CERTIFICATION	heart failure, asthenia, etc. It meons the di injury ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stoling UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inofity medicol exominer)  21A. ACCIDENT WAS UNDERLYING DEATH Inofity medicol exominer)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY) (APPROX.)	giving giving gile  (B) DUE TO  giving gile (C)  BUTING TO THE  FOR WHICH OPERATION  21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)  While At Not While At Work  anded the deceased from e on Manual 23	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID injury occur?  21F. HOW DID INJ	OF TO THE STATE OF	IDINGS CONSIDERED ES OF DEATH?  Eity, give exact locotion)
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MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the dinipity or camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoting UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inatify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.))  22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliverand from the causes stated observed.	giving giving gile  (B) DUE TO  giving gile  (C)  BUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)  While At Not While At Work  anded the deceased from ove. (I) (We) (Hd) (did not) vi	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?  21F. HOW DID INJ  19 ond the lew the body ofter death.	OP 10 PT 10	ADINGS CONSIDERED ES OF DEATH?  City, give exact location)  ARCH 13 19 Con death occurred on the condeath occurred occurred occurred on the condeath occurred occurre
MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the diniputy ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliver on the causes stated observed that (I) (The cause of Injury (APPROX.)  23C. PHYSICIAN'S NAME (Type)	giving giving gile  (C)  BUTING TO THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)  21E. INJURY OCCURRED  While At Not While At Work  Anded the deceased from e on 123.  Ove. (I) (We) (Hd) (did not) vi	20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?  21 F. HOW DID INJ  21 F. HOW DID INJ  30 ADDRESS  30 ADDRESS	URY OCCUR?  Stoff Phys	ADINGS CONSIDERED ES OF DEATH?  City, give exact location)  ARCH 7.3.19 & on death occurred on the 38. DATE SIGNED 4/2/65
MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the diniputy ar camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise la the abave cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)  22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliver on the causes stated observed that (I) (The cause of Injury (APPROX.)  23C. PHYSICIAN'S NAME (Type)	giving giving gile  (B) DUE TO  giving gile  (C)  BUTING TO THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)  While At Not While At Work  anded the deceased from ove. (I) (We) (Hd) (did not) vi	20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?  21 F. HOW DID INJ  21 F. HOW DID INJ  30 ADDRESS  30 ADDRESS	OP 10 PT 10	ADINGS CONSIDERED ES OF DEATH?  City, give exact location)  ARCH 2 19 4  on death occurred on the
MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the dinipity or camplication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED to DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED CONTRIBUTING CAUSE OF DEATH Inofity medical examiner)  21D. TIME (Month) (Day) (Year) (Hours of INJURY (APPROX.)  22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased aliver ond hour and from the causes stated obe 23A. SIGNAURE  23C. PHYSIGIAN'S NAME (Type)  BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  MANUAL CREMATION, 24B. DATE	giving giving gile  (C)  BUTING FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)  While At Not While At Work  At Work  At Work  At Work  At Work  A C. NAME of CEMETERY or CREI	20 A. AUTOPSY? (Yes or No or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?  21 F. HOW DID INJ  21 F. HOW DID INJ  30 ADDRESS  30 ADDRESS	OP 15 YES, WERE FIN IN CERTIFYING CAUS  (If in Boltimore Court of the	ADINGS CONSIDERED ES OF DEATH?  City, give exact location)  ARCH 23 19 6  on death occurred on the 38. DATE SIGNED 4/2/65  Who are signed with the signed with

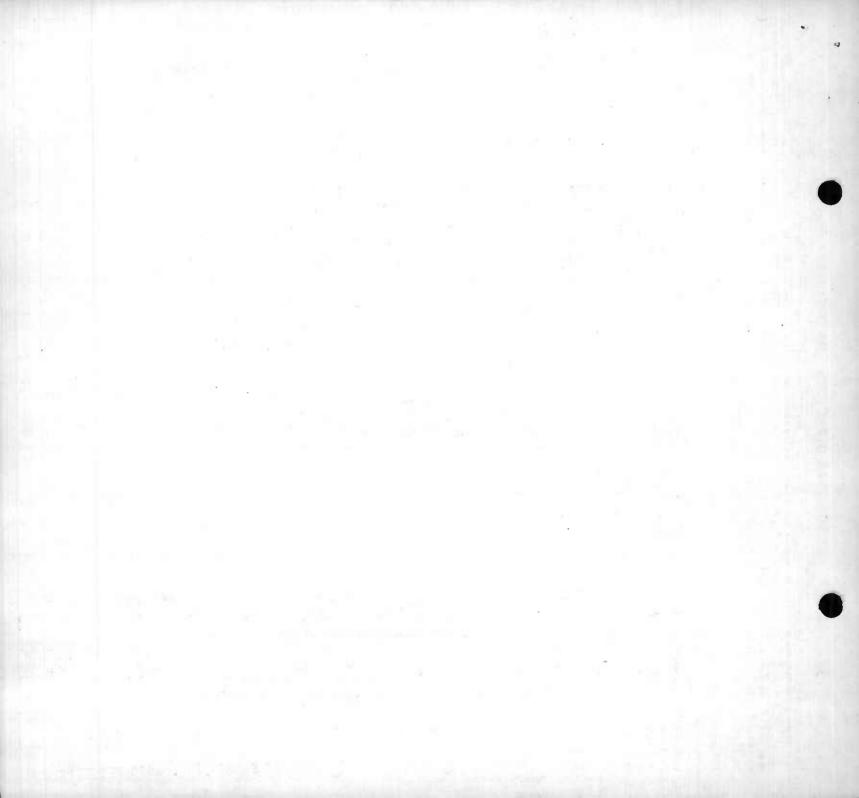
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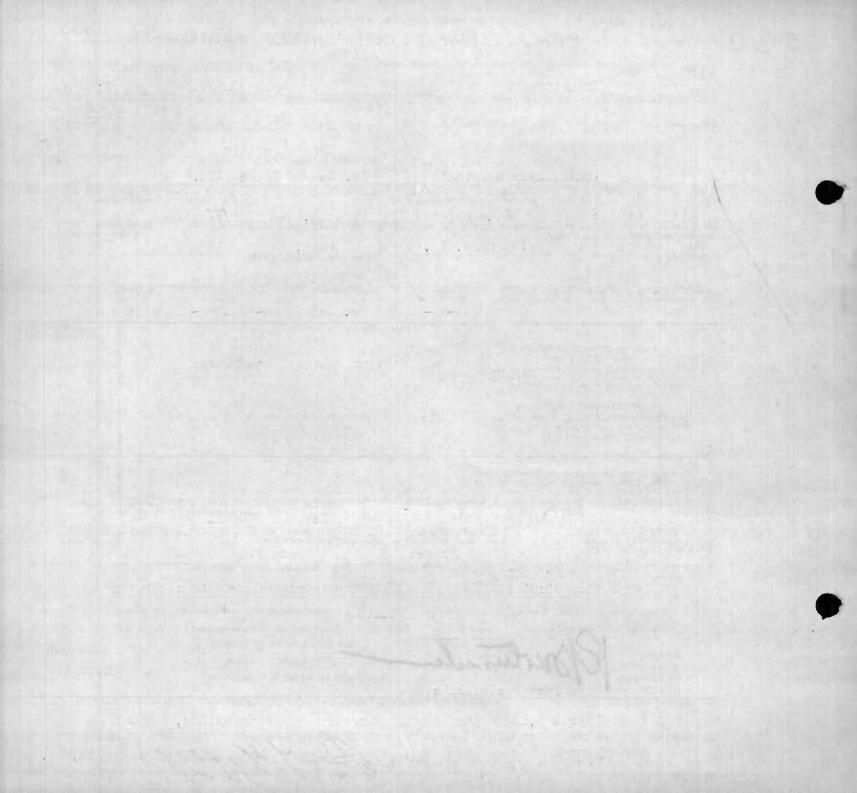
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	pe or Print)	AIDA GO			4. USUAL RESIDENCE A. STATE B. C	ARCH 31, 1965 (Where deceased lived, If	institution: residence	O P
	FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hospital address or lacon		street	MARYLAND C. CITY OR TOWN BALTIMORI D. STREET ADDRESS	(If autside city limits, writ		wnship)
	SEX FEMALE	6. RACE WHITE	MAT	RIED (specify)	8. DATE OF BIRTH 5/10/1904	9. AGE (In years lost birthdoy)	Months Doys	If Unde
do	ne during mast of	varking tife, even if retired SEWIFE			SHEFFIELD  14. MOTHER'S MAIDEN	ENGLAND	12. CITIZEN OF WHAT COUL	NTRY?
13.		IARRIS MEYER			HE LEN	NAME		
15. (Ye	Wos Deceased s, na prynknawn	Ever in U. S. Armed F (If yes, give war ar da	orces? tes of service)	SOCIAL SECURITY NO.	MR. DAVID L.	C. GOLBERG 3	ADDRES	
	heart failure,	LEADING TO DEATH of mean the mode of asthenia, etc. If mean plication which cause	of dying, e.g., is the disease,	DUE 10	ona- occh	course My	0- 2%	les
ATION	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR	ol mean the mode of asthenia, etc. Il mean plication which cause ANTECEDENT CAUSE R CONDITIONS, if above couse (A CONDITION last.  Il PICANT CONDITIONS REATH BUT NOT RECONDITION CAUSING	of dying, e.g., is the disease, id death.)  S  any, giving the   CONTRIBUTING  ATED TO THE	DUE TO	abetes m	n far of in	2/2	yo,
CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF	ol mean the mode of asthenia, etc. Il mean plication which cause ANTECEDENT CAUSE R CONDITIONS, if above couse (A CONDITION fast.  FICANT CONDITIONS EATH BUT NOT RELECTED CONDITION CAUSING OPERATION 198. COWAS PERION WAS PERION WAS UNDERLYING	of dying, e.g., is the disease, id death.)  S any, giving stating the CONTRIBUTING ATED TO THE IT.  NOTION FOR WHITE REFORMED	CE OF INJURY (e.g.,	, in ar about 21 C. WHERE D	or No) 20B. IF YES, WER IN CERTIFYING CO	RE FINDINGS CONSIDERAL SES OF DEATH?	
U	DISEASES Crise to the UNDERLYING  OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OR CONTRIBL DEATH (notify)  21 D. TIME OF INJURY (APPROX.)	ol mean the mode of asthenia, etc. II mean plication which cause ANTECEDENT CAUSE of CONDITIONS, if above couse (A CONDITION last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING CONDITION CAUSING OPERATION 198. COWAS PERIOR CONDITION CAUSING CAUSE OF medical examines (Manth) (Day) (Yea	of dying, e.g., is the disease, id death.)  So any, giving the contributing the contributing the contributing the contribution for white the contribution for white contribution for the contributi	CE OF INJURY (e.g., orm, factory, street,	, in or about 21 C. WHERE D office bldg., INJURY OCCL	DID (If in Boltim	•	
DICAL CERTIFIC	DISEASES Crise to the UNDERLYING  OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	ol mean the mode of asthenia, etc. Il mean plication which cause ANTECEDENT CAUSE R CONDITIONS, if a above couse (A G CONDITION last.  II FICANT CONDITIONS FATH BUT NOT RECONDITION CAUSING OPERATION 198. CO WAS PER CONDITION CAUSING OPERATION 198. CO WAS PER CAUSE OF Medical examineth (Manth) (Day) (Year that (I) (**) the pit lost say the decease of the couses stated in the couse	of dying, e.g., is the disease, id death.)  So any, giving the stating the control of the lit.  CONTRIBUTING ATED TO THE IT.  INDITION FOR WHITE A home, fetc.)  Of (Hour) 21E. INJ.  White A work oil) ottended the dised olive on	CE OF INJURY (e.g., orm, foctory, street, orm, foctory, street, or with the control of the contr	in or about 21 C. WHERE Doffice bldg., INJURY OCCU	DID (If in Boltim	nare City, give exact le	acatian)
MEDICAL CERTIFIC	DISEASES Crise to the UNDERLYING  OTHER SIGNITO THE D DISEASE OR 19 A. DATE OF OR CONTRIBL DEATH (notify 121D. TIME OF INJURY (APPROX.)  22. I certify that (I) (are) and hour one 23 A. SIGNATU	ol mean the mode of asthenia, etc. Il mean plication which cause ANTECEDENT CAUSE R CONDITIONS, if above couse (A CONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING OPERATION 19B. COWAS PERATION 19B. COWAS PERATION (Day) (Year that (1) (this hospit lost saw the deceoil from the couses state of the couse of the couses state of the couses state of the couse of the couse of the couse of the couse of the couses state of the couse of the cous	of dying, e.g., is the disease, if death.)  So any, giving the stating the sta	CE OF INJURY (e.g., orm, foctory, street, orm, foctory, street, or with the control of the contr	in or about 21 C. WHERE Doffice bldg., INJURY OCCU	DID (If in Boltim DINJURY OCCUR?  19 to form and thotein (my) (sorr) of the conth.  Stoff Phys.   AUL STREET	nare City, give exact le	19



BIRTH NO.	WEDI	ICAL EX	AMINER'S CI	ERTIFICAT	E OF D	EAIH Registe	red Na.
M.E. CASE NO.					7		
1. NAME OF DE	CEASED					HOUR PRONOUNCE	
	PATRIC			He Heller proper		3, 1965	12:40 p M.
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	IN CED DEAD	A. STATE		B. COU	itution: residence before admission) NY NE Arundel
FULL NAME OF	(IF NOT IN HOSPITA	TION, GIVE STREET		ryland		RURAL and give township)	
HOSPITAL OR	OSPITAL OR ADDRESS OR LOCATION)				ia (ii ogiside	corporote initias, witte	ROKAL dild give lowinship?
207			idsonvi		53-00		
100	** *	D. STREET ADDRESS (If rural, give location) St. George Barber 1Rd.					
	University Hospital				ge Barbe		
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)			B. DATE OF BIRTH		9. AGE (In years last birthday)	Manths Days Hours Min.
male	white	Neve:	r Married	June 14.	1944	177 20	
	CUPATION (Give kind of work warking life, even if refired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign	country	12. CITIZEN OF WHAT COUNTRY?
	Operator	Bex Ma	anf. Co.	El Paso	. Texas		USA
13. FATHER'S NA	ME			14. MOTHER'S MA	DEN NAME		
	Dale Lund			Polli	e Moran		
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	n) (If yes, give wor ar date	s of service)	212-44-8185	Mr. Dale	Lund-	Father- San	ne As # 4
	1			OF DEATH	2002.200	- 001101	INTERVAL BETWEEN
F8	1617		CAUSE	OF DEATH			ONSET AND DEATH
DISEA	ASE OR CONDITION DI LEADING TO DEATH		Maria Cara				
(This does	nat mean the mode of	dying, e.g.,	(A)Mas.	sive subdu	ral_hem	orrhage	
heart failure	e, osthenia, etc. It means omplication which coused	deoth.)					
	OR CONDITIONS, IF A		(B)DUE TO			,	
RISE TO TI	HE ABOVE CAUSE (A) S'						
	ING CONDITION LAST.		(C)				
<u>                                   </u>	il						
OTHER SIG	SNIFICANT CONDITIONS						
E TO THE	DEATH BUT NOT RE		HE				
	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY?			NDINGS CONSIDERED
	WAS PER			Yes		N CERTIFYING CAU	
ZIA. EXTERN.	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or about 21 C. W	HERE DID (II	f in Baltimare City, gi	ve exact lacation)
UNDERLYING UTING CA	USE OF DEATH.	etc.)	Street		oute 17		1-2-00
E 21 D TIME	(Month) (Doy) (Yea	r) (Haur) 2	TE, INJURY OCCURRED		M DID INTRI	_	9.00
OF INJURY							111-1
	4 3 65 12	:12 a m.	WORK AT W	ORK X Dri	ver or	auto in col	llision
22.	rtify that I held an	nquiry 🗌	Inspection Au	tapsy X and	that on this	basis, death in n	my apinian
rasi	Ited from: Natural ca	uses A	Accident Suicid		le U	ndetermined mann	er 🗌
	1/)/.	A -			DICAL EXA		
ACTU		o Mus	1.6-00	ASSISTANT ME		The second secon	DATE SIGNED
SIGNA	NER'S	5000	M.D	ASSOCIATE ME			4-4-65
		er Breit	tenecker	ASSOCIATE ME			
23A. BURIAL CR	EMATION, 238 DATE	23	C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City	, town, or county) (Stote)
REMOVAL (Spec	Y April	6,1965	Our Lady of	Serrews	Ow	endville,	laryland
	D BY HEALTH DEPT.		OF REGISTRAR	24C ENERA			ADDRESS
No.			1 4 1	///	1. 1	eral ijome	
	APR 7 1965	Robert	C. Starker H.	per de	101	7177	/
VS 151-REV. 1/1	1/65 N/C	-1 6	)	0 7	1	1	

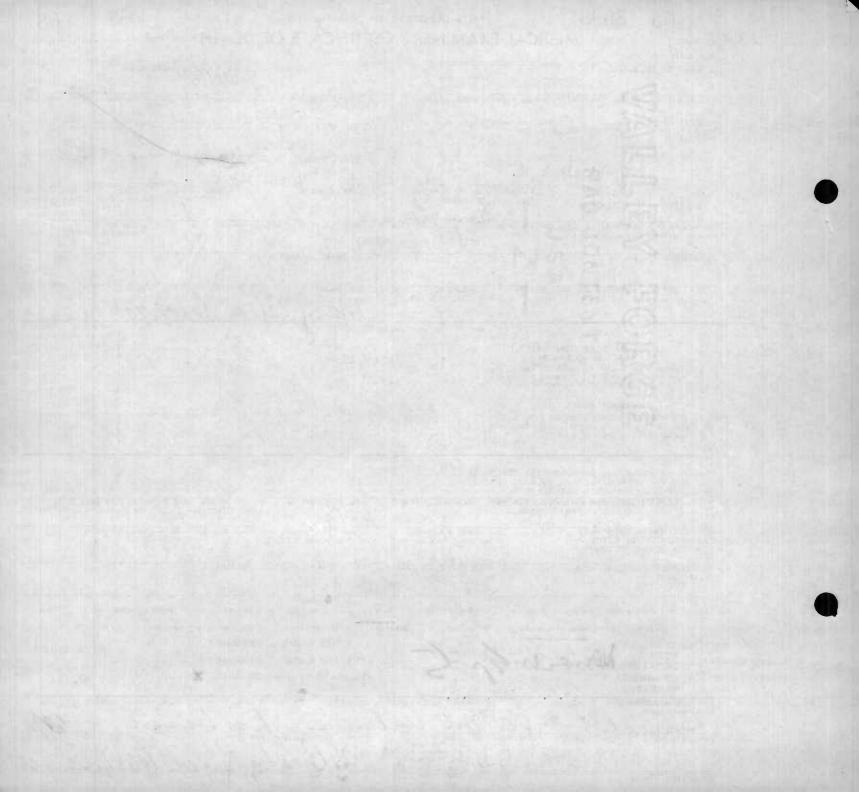


65 3686	BALTIMORE CITY HEALTH DEPARTMENT	65 3686
BIRTH NO.	CERTIFICATE OF DEATH Registre	ered Na. 00 0000
M.E. CASE NO.	2. DATE AND HOUR O	F DEATH
(Tung or Print)	11/4/1-	P
3. PLACE OF DEATH IN BALTIMORE MARYLAND	417/65	1 / /
S. PLACE OF DEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY	fived. If institution: residence before admission
FULL NAME OF (If not in hospital or institution, give	Moraloush	10-05
HOSPITAL OR oddress or location)		nits, write RURAL and give township)
INSTITUTION	Rolling and a second	mis, while KOKAL ond give lownship)
I .	at hore	
A) niversity - Mossital	D. STREET ADDRESS (If rurol, give to	11 01
1403 peras	1216 W. Fro	271 54
SEX 6. RACE 7. MARRIED, NE	VER MARRIED B. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
KALLED TRICKS. CO.	DIVORCED (specify) 2/7/1889 lost birthdoy	Month's Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		DO CHUTEN OF
done during most of working life, even if retired)	11. BIRTHELACE (Store of loreign Country)	12. CITIZEN OF WHAT COUNTRY?
1 1 1	uction Maryland	USA
BARCHANIC TOFYST	14. MOTHER'S MAIDEN NAME	0
a. +11-6.	1	· 1A-1
lugusla Tener	the traces as	me Smuth
15. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	216 W. But St
NO	Geola M. IKeher.	d16 11. Only It.
18. 4. 20,01	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Λ	ONSET AND DEATH
LEADING TO DEATH	in Carolnal thrombos	200
(This does not mean the made of dying, e.g.,	DUE TO	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
	( to to wood out in the	- Di 200 . 0
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the	(C) Wondiffeli For	
UNDERLYING CONDITION last.	/	
_ 11	A1	
O THE DEATH BUT NOT RELATED TO THE		
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	CH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	(VIA)	FYING CAUSES OF DEATH?
	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If	in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home,	lorm, foctory, street, office bldg., INJURY OCCUR?	
U		
21D. TIME (Month) (Doy) (Yeor) IHour) 21E IN White	JURY OCCURRED 21F. HOW DID INJURY OCCU	R?
₹ (APPROX) While	At Not While	
VV OIK	☐ At Work ☐	
22. I certify that (1) (this hospital) attended the	deceased from 19 65 to	0 7/4 1961
that (I) (we) last saw the deceased alive an	4/ 4 19 and that In(my)	(aur) apinion death accurred on the da
		(sor, opinion death accurred on the ac
and have and from the causes stated above. (1) (1	We) (dld) (dld nat) view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
lean Wheel man	M.D. Attending Med. Director Phys.	4/4/65
Jesep 10. The the		11100
23C. PHYSICIANS NAME CTYPE	23D. ADDRESS	11 10
oxerge 1) Lawren	ce M.D. University	Hopetal
24A. BURIAL CREMATION, 24B. DATE . 24C. NAM	E of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
BEMOVAL (Specify)	21 0 + 00	(Sible)
June 4/8/65 Dlen	Honen Churley Slen By	once het.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
APR 7 1965 R. Cub	E staleuMA De I torusa , &	on Ju GOI Ha Olem V
		1.0-10101
/S 150-REV. 1/1/65	0/4	(23)ml.

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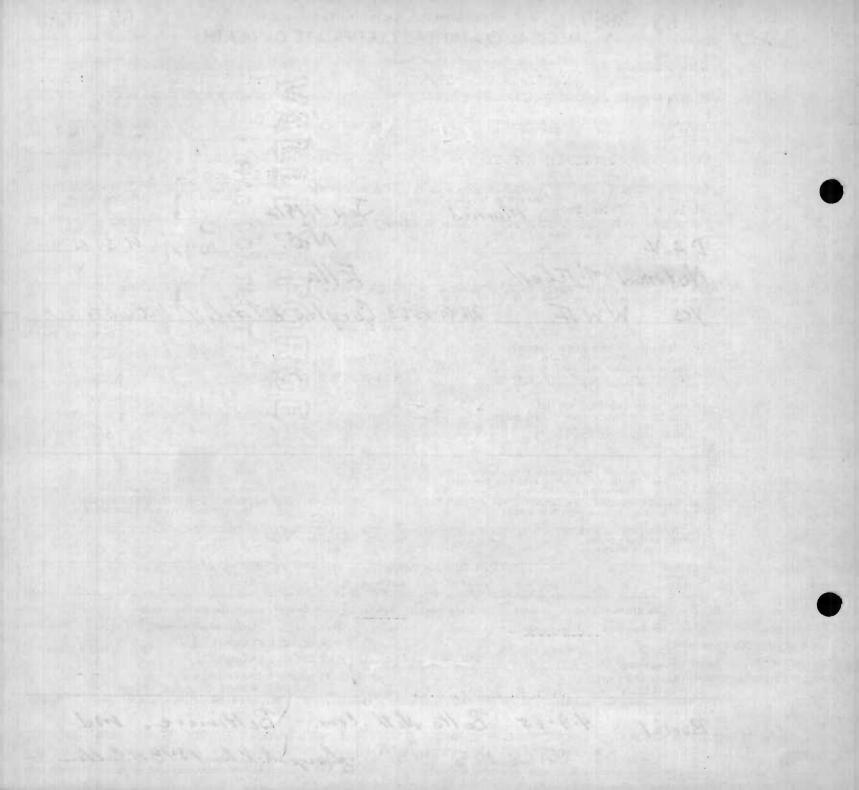
BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECI	EASED GEOR	GE I	FINNEY	2.	DATE AND HOUR PRONOUN	R:00 p. M.
	MORE, MARYLAND,			A. STATE	CE(Where deceosed lived. If in B. C.	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOG	CATION)	JTON, GIVE STREET		(If outside corporote limits, w	vrite RURAL and give township)
00 7	04 Whiteloc	k St.			Whitelock St.	
5. sex male	colored		NEVER MARRIED VORCED(specity)	8. DATE OF BIRTH	9. AGE (In year lost birthday)	rs If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	PATION (Give kind of working life, even if retired		BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	?		The Asta	14. MOTHER'S MAID		
	EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT Mary	Olive San	Hyna Renewa
(This does no	LEADING TO DEA of meon the mode osthenio, etc. It meo aplication which cause	of dvina e.a.	(A) Fa	tty liver		
DISEASES OF RISE TO THE UNDERLYING	NTECENDENT CAU PR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II HISTORY DEATH BUT NOT CONDITION CAUSII	SES ANY, GIVING STATING THE T.  NS CONTRIBUTIN RELATED TO T				
DISEASES OF RISE TO THE UNDERLYING	NTECENDENT CAU PROPOSE CAUSE (A) PROPOSE CAUSE PROPOSE C	ANY, GIVING STATING THE T.  NS CONTRIBUTING TO THE TREATED TO THE TREATED TO THE	(C)	20A. AUTOPSY? (Y	es or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASE OR RISE TO THE CONTROL OF TH	NTECENDENT CAU PR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II IIIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI OPERATION 198, CO WAS P CAUSE WAS OR CONTRIB-	ANY, GIVING STATING THE T.	NG HE WHICH OPERATION PLACE OF INJURY (e.g.	yes	RE DID (If in Boltimore City,	AUSES OF DEATH?
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING CAUS	NTECENDENT CAU R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II IIIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI OPERATION 198. CO WAS P CAUSE WAS OR CONTRIB- EE OF DEATH.	ANY, GIVING STATING THE T.  SINCE CONTRIBUTING THE T.  SINCE CONTRIBUTION FOR THE TOTAL TO THE TOTAL THE T	NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, refer injury occurred while at the NO.	yes , in or obout 21C, WHE office bldg, NJURY Of	RE DID (If in Boltimore City,	AUSES OF DEATH?
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING CAUS  21A. EXTERNAL UNDERLYING CAUS  21D TIME OF INJURY (APPROX.)  22. I certi	NTECENDENT CAU OR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II IIIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI OPERATION 19B, CC WAS P CAUSE WAS OR CONTRIB- IE OF DEATH.  (Month) (Doy) (Y	ANY, GIVING STATING THE T.  NS CONTRIBUTIN RELATED TO T NG IT.  ONDITION FOR VERFORMED  21B. home etc.)  (eoi) (Hour) 2  m. V	NG HE WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, rete. INJURY OCCURRED WHILE AT NOW NORK  Inspection A	yes , in or obout 21C. WHE office bldg, NJURY OFFIC	RE DID (If in Boltimore City, CCUR?  DID INJURY OCCUR?	n my apinian
DISEASES OR RISE TO THE UNDERLYING  OTHER SIGN TO THE DISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING UNDERLYING UNDERLYING CAUS  21D TIME OF INJURY (APPROX.)  22. I certification of the control of	NTECENDENT CAU R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ANY, GIVING STATING THE T.  NS CONTRIBUTIN RELATED TO T NG IT.  ONDITION FOR VERFORMED  21B. home etc.)  (eoi) (Hour) 2  m. V	PLACE OF INJURY (e.g., form, foctory, street, while AT NOT NORK AT Inspection Accident Suici	yes , in or obout 21C. WHE office bidg, INJURY	RE DID (If in Boltimore City, CCUR?  DID INJURY OCCUR?  That an this basis, death in Undetermined mail CAL EXAMINER	n my apinian
DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING CAUS  21A. EXTERNAL UNDERLYING CAUS  21D TIME OF INJURY (APPROX.)  22. I certification of the control	NTECENDENT CAU PR CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS  II IIIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI OPERATION 198, CO WAS P  CAUSE WAS OR CONTRIB- IE OF DEATH.  (Month) (Doy) (Y  Ify that I held an ed from: Natural of	ANY, GIVING STATING THE T.  INS CONTRIBUTING RELATED TO T NG IT.  ONDITION FOR VERFORMED    21B.   home etc.     eor) (Hour) 2   Inquiry	PLACE OF INJURY (e.g., form, foctory, street, while AT NOT NORK AT Inspection Accident Suici	yes , in or obout 21C. WHE office bldg, INJURY Of  21F. HOW WORK  WHILE Utapsy And the CHIEF MED ASSOCIATE MED	RE DID (If in Boltimore City, CCUR?  DID INJURY OCCUR?  That an this basis, death in Undetermined mail CAL EXAMINER	n my apinlan



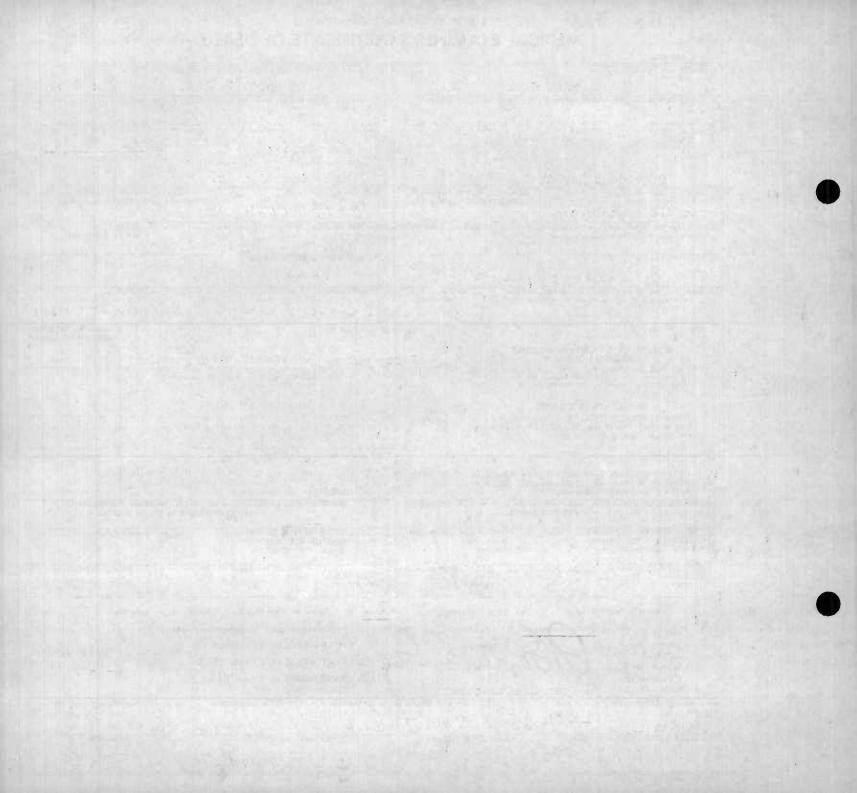
	65	3688	}		BALTIMORE CITY HEA	LTH DEPARTMEN	NT		6	5 3689
BIR	TH NO.			CALE	XAMINER'S C	ERTIFICA	TE OF D	EATH Regis	0	0000
M.	E. CASE NO.									
	NAME OF DEC	CEASED	JAM	ES GAR	VEY MITCHELL			HOUR PRONOUN 1 5, 1965		8:05 P.
3.	PLACE IN BALT	IMORE, MAR	YLAND, W	HERE PRONG	DUNCED DEAD	4. USUAL RESID	ENCE (Where de	eceosed lived. If in	nstitution: resi	dence before odmission
HC	LL NAME OF	(IF NOT ADDRESS	N HOSPITA	AL OR INSTI	TUTION, GIVE STREET	M	aryland wn (If outside	corporate limits, w		nd give township)
1						В	altimore		15.	03
3	1	PRO	VIDENT	HOSPI	TAL	D. STREET ADD				
5. 5	EV	I/ BACE		7 44 4 0015	D MEWER ANABRIED	B. DATE OF BIRT		elock Str		1 7 16 11 1 04 11
5. :	Male	6. RACE	rn	WIDOWED	D, NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	1615	9. AGE (In year lost birthdoy)		Doys Hours Min.
104					OF BUSINESS OR INDUSTR	YII. BIRTHPLACE	(State or foreign		12. CITIZ	
don	a during most of v	working life, eve	n if retired)			N	.C.		WHA	T COUNTRY?
13.	FATHER'S NAN	N.E.				14. MOTHER'S M	AIDEN NAME			3174
L	Norm	UNIN	Itch	2//		E/10	2			
15. (Ye:	WAS DECEASE s, no or unknown	O EVER IN U		FORCES? s of service	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	/
	Yes	WW	II		216-01-8563	Carvlo	NMI	tobell	1100 h	hitelock
	1B.	X			CAUS	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONT		RECTLY	0				-	
	(This does n	not mean the		dying, e.g	(A) Genera	lized per	itonitis			****************************
	injury or cor	mplication whi	ch coused	deoth.)	, per	foration	or lleum			
	Δ.	NTECENDER	IT CAUSE	s	(1)					
	DISEASES RISE TO TH	OR CONDITI	ONS, IF A	NY, GIVING	DUE TO					•••••••••••••
7	UNDERLYIN	IG CONDITI	ON LAST.		(C)					
101		II.								
CERTIFICATION	TO THE	NIFICANT CO DEATH BUT R CONDITION	NOT REL	ATED TO			************************			
CERT	19A. DATE OF	OPERATION	198. CON WAS PERI		WHICH OPERATION	Yes	? (Yes or No) 20	B. IF YES, WERE	FINDINGS C USES OF DE Yes	ON SIDERED ATH?
EDICAL	21A, EXTERNA UNDERLYING UTING CAU	OR CONTRIE	-	218 hon etc.	ne, form, foctory, street,	in or about 21C. V	HERE DID (IF	in Boltimore City,	give exoct lo	ocotion)
M	21D TIME	(Month) (E	loy) (Yeor	) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
	OF INJURY (APPROX.)			m.	WHILE AT NOT	WHILE T				
	22.	ify that I he	ld on Ir			topsy on	d that on this	basis, death In	my opinia	n
		ted fram: N			Accident Suicid			determined mor		
		7	/ -	-	71	CHIEF M	EDICAL EXA	MINER .		DATE CICUED
	SIGNAT		fur	2,1	folker M.D	ASSISTANT M	EDICAL EXA	MINER X		DATE SIGNED
	EXAMIN	ER'S				ASSOCIATE N				4-6-65
234	NAME (		Joh	n E. A	dams M.D.	or CREMATORY	23 D. LO	CATION (C	ity, tuwn, or	county) (State)
	MOVAL (Specify		10	1 ~	RIL 11	11 0	P	14.	77 10 WII, 07 1	1-9 / 1
24	BUYIG /	BY HEALTH	DEPT	248 NAA4	DO TO. NG //	L. Cem.	AL DIRECTOR	Timer	e.	DDRESS
24/	- DATE REC'D	ADD 7	1005	A D	of & Star Drugge	A A	AL DIRECTOR	11 151	10 20	0 01
		HPK	1200	00000	on 2, dans	1 75/62	se del	ce- 139	011.0	alton St.

yer Ackeler 1348 M. Callon St.



VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered \$5 3690
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MARY GRAY	April 2, 1965 8:30 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HDSPITAL DR ADDRESS OR LOCATION)	C. CITT OR TOWN (II obiside corporale limits, while korat and give township)
	Baltimore / 9 0
2.0	D. STREET ADDRESS (If rurol, give locotion)
Provident Hospital	1834 Division St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH A9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
female colored WIDOWED, DIVORCED(specify)	7-13-1924 lost birthdoy Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	ROLTA Md WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	AA A A A A A A A A A A A A A A A A A A
EDWARD WILLIS	MAMIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
Tres, no or onknown, ar yes, give wor or goles of service.	CLIFTON GRAV 1823 WY SALTIMORE
TB. CAUSI	E OF DEATH INTERVAL BETWEEN ONSET-AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Fatt	y metamorphosis of liver, marked
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	<u>/</u>
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	Partial
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes Yes The Yes
ZIA, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., NJURY OCCUR?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) WHILE AT WORK NOT	WHILE CONTROL OF THE PROPERTY
	and that an this basis, death in my apinlan
resulted fram: Natural causes X Accident Suice	de 🗌 Hamicide 🗌 Undetermined manner 🗌
11/1	CHIEF MEDICAL EXAMINER
ACTUAL ACTUAL	DATE SIGNED
SIGNATURE GOOGLE	ASSISTANT MEDICAL EXAMINER 4-3-65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Rudiger Breitenecker /	
23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) RCIRIAL 4-7-65 MOUNT	CALVARY ARUNDER Co. Md.
Detation	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
APR 7 1965 Ribert E. tarbert	TI BONWN +SIN 00-123.00.
	I.C DROWINGSON MONTEOMERY ST

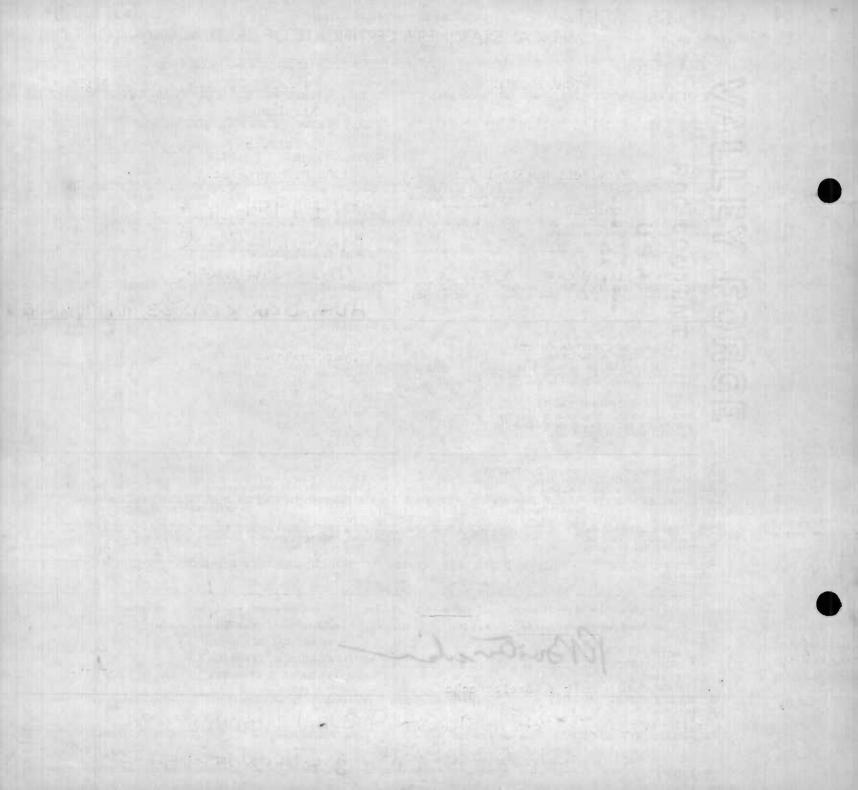


	65 3691 BALTIMORE CITY HEAL	TH DEPARTMENT 65 3691
BIRT	MEDICAL EXAMINER'S CH	ERTIFICATE OF DEATH Registered No.
M.E	E CASE NO.	
1. 1	NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Live	RICHARD BROCK	April 3, 1965   11:56 p M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION) TITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
114.2	IIIONON	Baltimore / S
1	1	D. STREET ADDRESS (If rural, give location)
2	Provident Hospital	1823 N. Monroe St.
5. S		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs
1	nale colored WIDOWED, DIVORCED(specify)	12-14-1946 lost birthdoy! Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	e during most of working life, even if retired)	WHAT COUNTRY?
12	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. 8		
16.	CHARLIE BROCK	ADA SHULER ADDRESS
	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SO CIAL  SECURITY NO.	17. INFORMANT
		ADA BROCK 1823 N. MONROI
	TB. CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Hydrocephalus
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	
	injury or complication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z	(C)	
Ę		
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
분	DISEASE OR CONDITION CAUSING IT.	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-		no
	21 A. EXTERNAL CAUSE WAS  UNDERLYING □ OR CONTRIB-  21 B. PLACE OF INJURY (e.g., home, form, foctory, street, or	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH.	
Σ	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
		WHILE
	m. WORK AT W	
	I certify that I held on Inquiry Inspection X Aut	ond that on this bosis, deoth in my opinion
	resulted from: Natural couses X Accident Suicid	e Homicide Undetermined monner
	VIII F.	CHIEF MEDICAL EXAMINER DATE SIGNED
	ACTUAL SIGNATURE IN DURING HER	ASSISTANT MEDICAL EXAMINER X
	SIGNATURE M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 4-4-65
	NAME (Type) Rudiger Breitenecker	
	A. BURIAL CREMATION, 238 DATE 23C. NAME OF CEMETERY O	or CREMATORY 23D. LOCATION (City, town, or county)
KEP	MOVAL (Specily)	1.0.00

24B, NAME OF REGISTRAR

BURN BALTO

ADDRESS

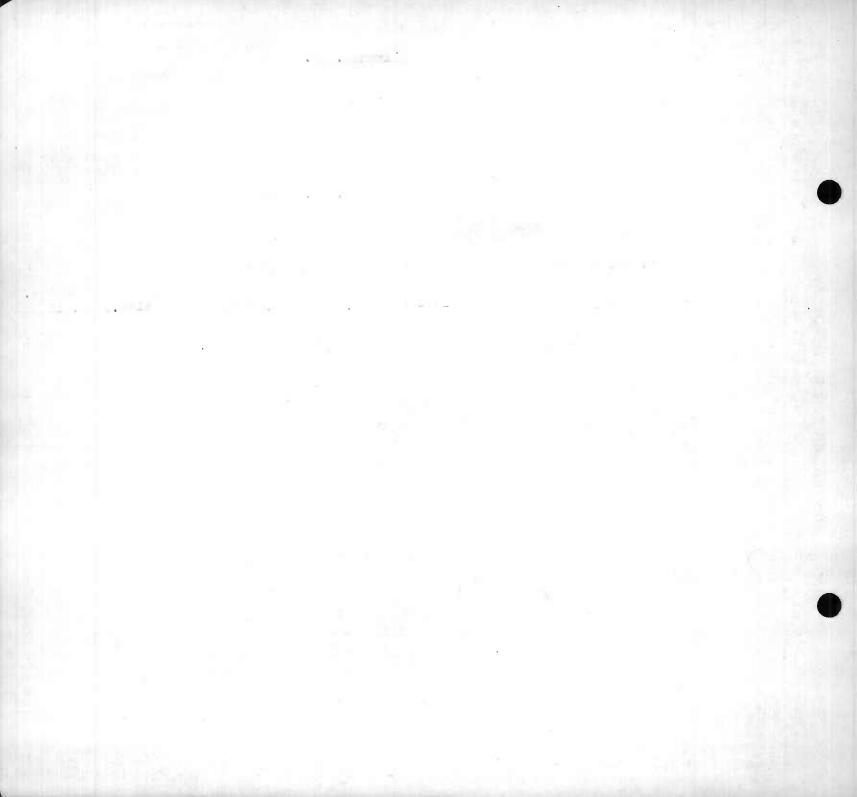


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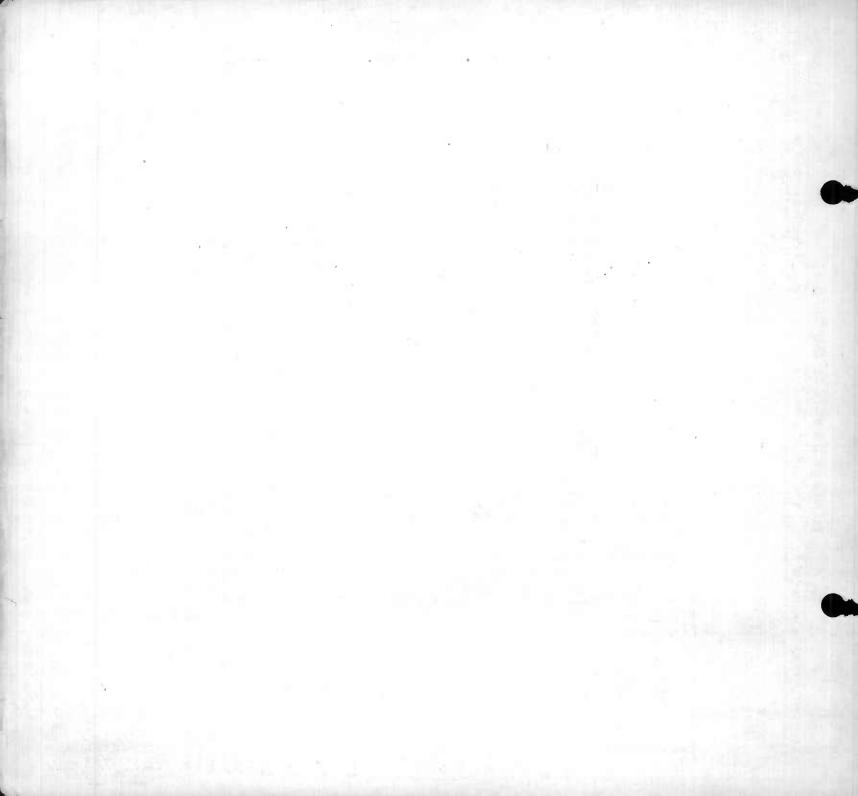
BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL DIRECTOR: IMPORTANT

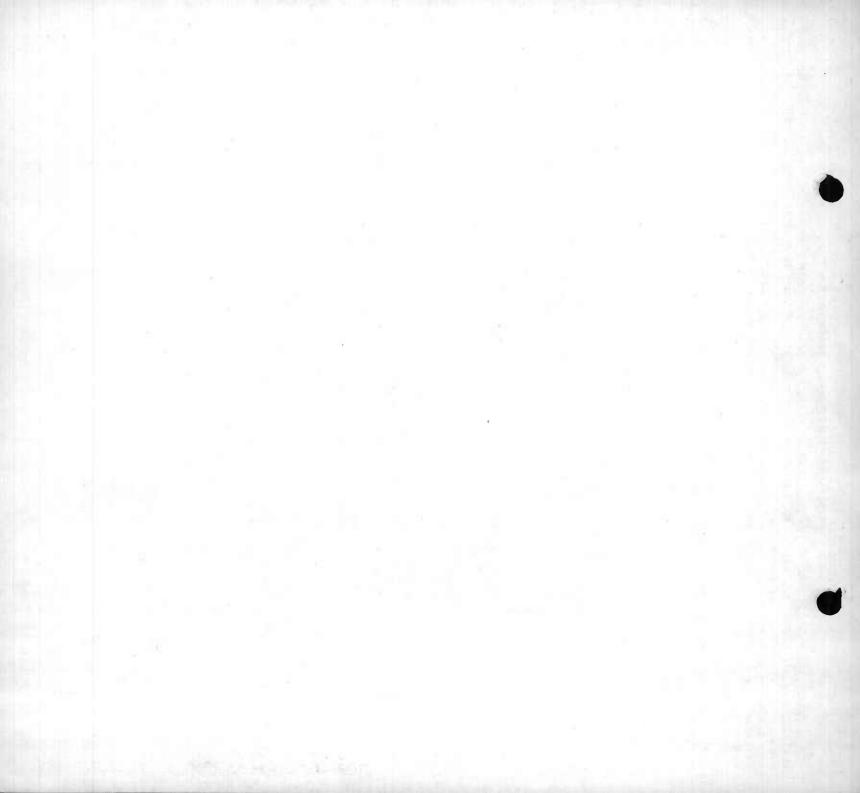
BIRTH NO.	63	5 3	693	CEDTIFI	CATEC	OF DEATH	Registere	d Na.	5 3693
M.E. CASE N	DECEASED	0					AND HOUR OF		
(Type or Print)	\	Vo gre	PING	HAM-M	ilton G.	SR.	9/5/6	S	11.00
3. PLACE OF	DEATH IN BALTI					AL RESIDENCE IV	Vhere deceased liv	ed. If instituti	on: residence befare admi
FULL NAM	AF OF (If not	in hospital	or institution,	nue sheet	P	7 )	701411	3	0-19
HOSPITAL	OR oddres	s or lacotio	on)					, write RURA	L ond give tawnship)
	81	MAT	T- 110	SPITA	2 1 13	AUTIM.	ORE		
1	71	10 17 1		31///		EET ADDRESS	(If rural, give locat		n H
					2	112111	NHAP	MAN	-17re H1.
S. SEX	6. RACE	1		NEVER MARRIED D, DIVORCED (speci		OF BIRTH	9. AGE (In year last birthday)	irs If U	Under 1 Yr. If Under 2
PI	VV				Feb.	. 10, 1891	. 74		
	OCCUPATION (Give ast of working life, ev		1	A Doba To		HPLACE (State or 1	fareign country)	12.	CITIZEN OF WHAT COUNTRY?
Investi			Duale	Alcohol Ta ision		ltimomo	Manueland		
13. FATHER'S			DI.V.	LSLOII	14. MO	THERS MAIDEN	NAME	1	
Alor	nzo Nottin	gham			Ţ.	Helen Carv	er		
S. Was Dece	ased Ever in U. S.	Armed Fa	rces?	1 6. SOCIAL		PRMANT	GI		ADDRESS
	nawn) (If yes, give			SECURITY NO.	00			2712	Manhattan Av
Yes	World	War :	L	218-01-82			Nottingh	am Bal	to. Md. 15
18. 4	201/			CAU	SE OF DEATH				ONSET AND DEAT
, DI	SEASE OR COND		RECTLY		a to	Pamen	INFERIOR	R- 47	80/m
	es nal mean the	made of			0	VO31.CK		14	
	lure, asthenia, eld	. Il meons	the disease						
Injury or	camplication wh	ich caused	i death.)		n	8 (11)			
injury ar				(B)		SCUD			
	ANTECEDEN	T CAUSES	5	(B)		SCVD	***************************************		**************************************
DISEASE rise la	ANTECEDEN S OR CONDITI	T CAUSES IONS, if ause (A)	any, giving	(B)	0	SCVD	2004		***************************************
DISEASE rise la	ANTECEDEN	T CAUSES IONS, if ause (A)	any, giving	(B) DUE To	0	SCVD			
DISEASE rise la UNDERL	ANTECEDEN S OR CONDITION The above continuous condition  III	T CAUSES IONS, if ause (A) IN last.	any, giving slaling the	(B) DUE TO	0	SCVD			
DISEASE rise la UNDERL	ANTECEDEN  S OR CONDITI  The above c  YING CONDITIO  SIGNIFICANT CON  E DEATH BUT	T CAUSES IONS, if ause (A) N last. IDITIONS (	any, giving slaling lhe CONTRIBUTIN	(B) DUE TO	0	SCVD			
DISEASE rise la UNDERL TO THE	ANTECEDEN S OR CONDITI The above c YING CONDITIO  SIGNIFICANT CON E DEATH BUT OR CONDITION	T CAUSES  IONS, if ause (A) IN last.  IDITIONS ( NOT REL) CAUSING	any, giving stating the stating the stating the state of	(B) DUE TO	0	-	No) 20B. IF YES	WERE FINDI	NGS CONSIDERED
DISEASE rise la UNDERL  VOITHER S TO THE	ANTECEDEN S OR CONDITI The above c YING CONDITIO  SIGNIFICANT CON E DEATH BUT OR CONDITION	T CAUSES  IONS, if ause (A) IN last.  IDITIONS ( NOT REL) CAUSING	any, giving stating the Stating the CONTRIBUTINATED TO THE STATE TO THE STATE OF TH	(B) DUE TO	0	-	No) 20B. IF YES, IN CERTIFYIN	WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
DISEASE rise la UNDERL UNDERL TO THE STORY TO THE DISEASE UP A DAT UNDERL UNDERL UNDERLOOK UNDER	ANTECEDEN  S OR CONDITI The above c YING CONDITIO  SIGNIFICANT CON E DEATH BUT OR CONDITION E OF OPERATION	T CAUSES  IONS, if ause (A) N last.  IDITIONS (CAUSING  198. CON WAS PER	any, giving stating the stating the stating the stating the stating to the stating the sta	(B) DUE TO (C)  IG HE WHICH OPERATION  B. PLACE OF INJURY	20A.	AUTOPSY? (Yes or	O (If in I	NG CAUSES	NGS CONSIDERED OF DEATH?
DISEASE  IISO IG  UNDERL  OTHER S  TO TH  DISEASE  19A. DAT  21A. ACC  OR CON  DEATH (I	ANTECEDEN  S OR CONDITI  The above of the condition  SIGNIFICANT CONDITION  E DEATH BUT OR CONDITION  E OF OPERATION	T CAUSES IONS, if ause (A) N last. IDITIONS ( NOT REL CAUSING 198. CON WAS PER	any, giving stating the stating the stating the stating the stating to the stating the sta	(B) DUE TO (C)  (C)  WHICH OPERATION  B. PLACE OF INJURY me, form, foctory, str	20A.	AUTOPSY? (Yes or	O (If in I	NG CAUSES	OF DEATH?
DISEASE rise la UNDERL UNDERL TO TH DISEASE DI	ANTECEDEN  S OR CONDITI The above c YING CONDITIO  SIGNIFICANT CON E DEATH BUT OR CONDITION E OF OPERATION  CIDENT WAS UNCERTABUTING CAL notify medical examples	T CAUSES  IONS, if ause (A) IN last.  IDITIONS ( NOT REL CAUSING  198. CON WAS PER  DERLYING JSE OF niner)	any, giving stating the stating the stating the stating the stating the stating statin	(B) DUE TO (C)  (C)  WHICH OPERATION  B. PLACE OF INJURY me, form, foctory, stre	(e.g., in ar abouteet, office bldg.,	AUTOPSY? (Yes or	(If in I	NG CAUSES	OF DEATH?
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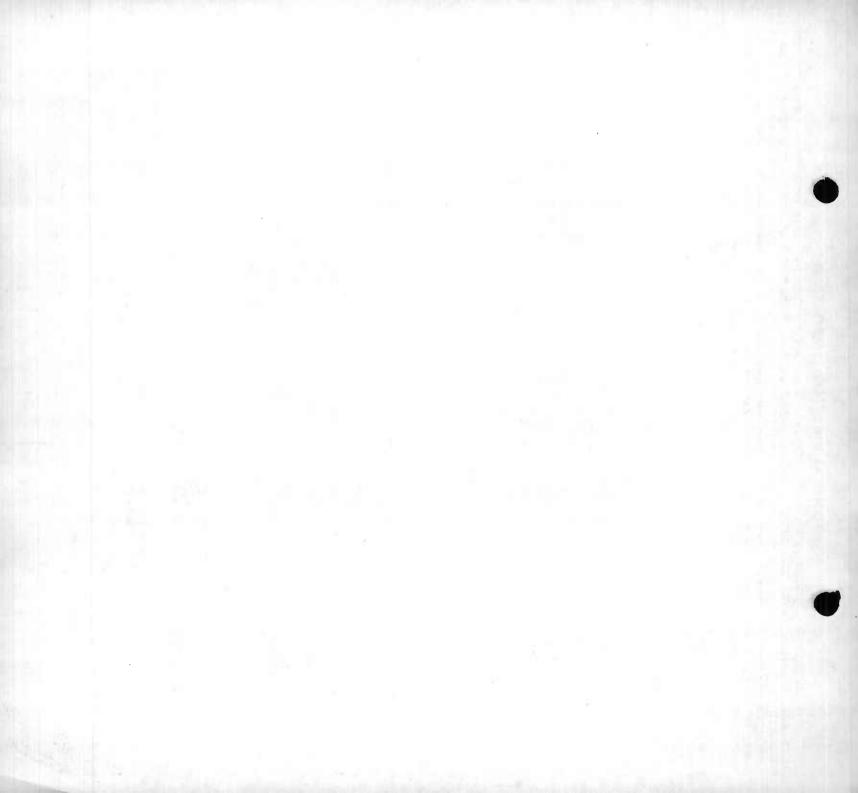
M.E. CASE NO.	,,,	CERTIFICA	ATE OF DEATH	Registered I	10
Type or Print)	CEASED	OSEPH G. BATES J		AND HOUR OF DEA	
Type of Fillin	O.	USEPH G. DATES J		4-5-65	7:20PM
FULL NAME HOSPITAL OR INSTITUTION		or institution, give street	MARYLAND	OUNTY	If institution: residence before admissi
3 THE	JOHNS HOPKI	NS HOSPITAL	D. STREET ADDRESS	ILLS (If rurol, give locotion) NTED HILLS	
MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) CHILD	6-7-64	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	MARYLAN	D	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN	NAME	
JOSEF	H G. BATES		B. JEAN	KRAMER	
S. Wos Decease	od Ever in U. S. Armed Form vn) (If yes, give wor or dote		17. INFORMANT		ADDRESS
(This does heart failure injury at co	ASE OR CONDITION DIR LEADING TO DEATH not mean lihe made al, of asthenia, etc. it means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) NG CONDITION last.	dying, e.g., the disease, death.)  (B)  DUE TO	ntral Nervi Maligna istiocyto		
OTHER SIGN	II  NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO THE			
19A. DATE S	of OPERATION 198. CON WAS PERI	* *	1 YES	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING DEBUTING CAUSE OF fy medical examiner	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in for obout 21 C. WHERE DI	D (If in Bolti	more City, give exoct locotion)
OR CONTRIL	BUTING CAUSE OF	etc.)	21F. HOW DID	D (If in Bolti	more City, give exact location
D 21A. ACCID OR CONTRI DEATH (noti DEATH (noti DEATH (noti CAPPROX.)  22. I certif that (I) (we	y that (I) (this hospital  a) last saw the decease and from the causes state  URE	(Hour) 21E. INJURY OCCURRED  White At Not Who At Work  ottended the deceased fram  d alive an	21F. HOW DID hile 3 19 5 an view the bady after dec thending		apinian death accurred on the d
U 21A. ACCID OR CONTRII OR CONTRII U 21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur a 23A. SIGNAT 23C. PHYSICI NAME OF INJURY APPROX.)	gy that (I) (this hospital p) last saw the decease and fram the causes state (Type) (Type) (EMATION, 1248, DATE)	(Hour) 21E, INJURY OCCURRED  While At Not Who At Work  ) ottended the deceased from dalive an ded obave. (I) (We) (did) (did nat)	21F. HOW DID  nile  3  19  5  an  view the bady after dec  thending Med.  Director  23D. ADDRESS	oth.  Stoff Phys.  D. LOCATION  D. LOCATION	2/5 196 3 apinian death accurred on the c



BALTIMORE CITY HEALTH DEPARTMENT

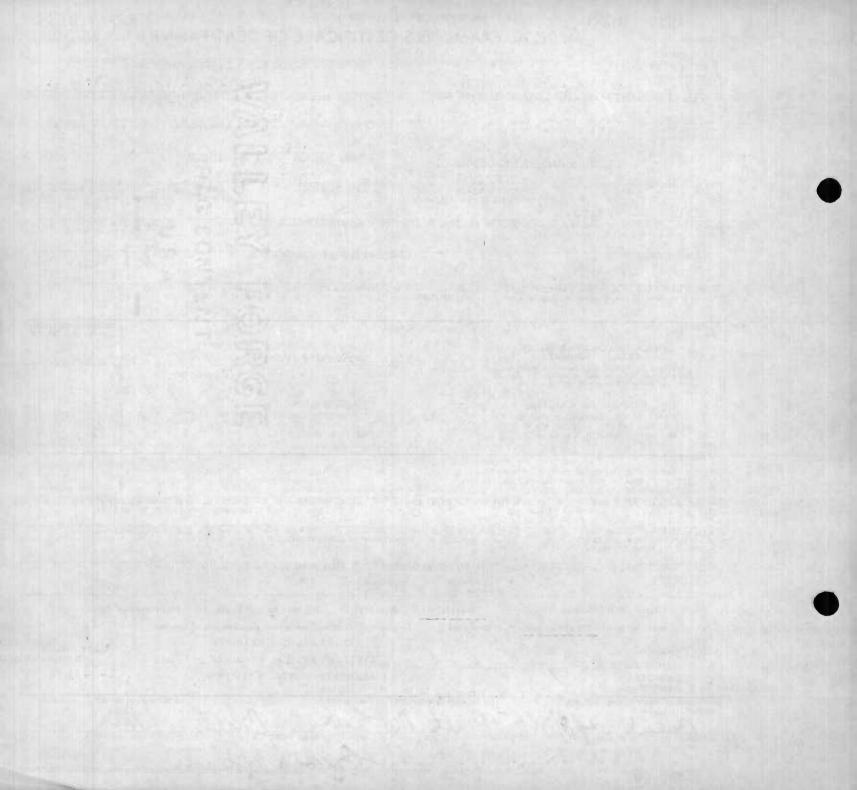


152	BIRTH NO. 65 3697  CERTIFICATE OF DEATH  Registered No. 65 3697
and eath ased the the	M.E CASE NO.
deatl deatl sease on th	(Type or Print)
5 - 8 0 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
5 0 0	FULL NAME OF (If not in hospital or institution, give street
5 5 5 P	HOSPITAL OR address or locotion)  C CITY OR TOWN (If outside city limits write RURAL and give town vin)
	Baltimire 16
i gatio	University Hospital D. STREET ADDRESS (If rural, give location)
U	2508 North Ellamont St
death occurrent or contributions of cont	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Indicated 1 Yr. 1 Under 24 Hrs. Months: Doys Hours; Min.
contrib contrib letermin in regul	Female Negro Married 11-28-26 38 -
th co ete	done during most of working life, even if retired)
nt if death direct or c 1; (4) Undet th was in on the dec	Housewife Maryland USA
if dect 4) u wa the spos	13. FATHER'S NAME
ired lired (4) h w h th disp	Alexander QUEEN Ella Queen
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
the the kind dear	No - Heret Craws Some
34 500 L	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
f o u	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Als Als mound me	(This does not mean the mode of dying, e.g.,
niner nacture proular mbal	heart failure, asthenia, etc. II means the disease,
miner fract o pr gula	ANTECEDENT CAUSES (8) COLOS CT CD - G TOT, CONTINUM -
D E A T D D	DISEASES OR CONDITIONS, if any, giving
(3) (3) In V	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
Dir I S ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
med med bu bu bu bu	O THE RIGHTHAN CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
by chi by ca 2) Bo 2) Bo physicore t	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, factory, street, office bldg., INJURY OCCUR?
by the private (whe whe does	
pt to (6)	W OF INJURY While At Not While
0 0 0 0	Work 2 AT WORK 2
the the control of th	
of of of all (H);	that (1)(w) last saw the deceased alive an APR. 5 19 65 and that in (my) (au) apinian death accurred an the da
ased to dent of ospital death)	and haur and from the causes stated abave. (1) (Wa) (did not) view the body after death.  23A. SIGNATURE
D 0.0 E 0	And Med. Stoff Med. Stoff Med.
E P C P P	
was r An a	Date: PHYSICIAN'S NAME (Type)  M.D. Meules 144
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (9/19, town, og county) (Stote)
	REMOVAL (Specify)
book ws:	25A. DATE REC'D BY HEALTH/DEPT.   25B. NAME OF REGISTRAR   25C-FUNERAL DIRECTOR ADDRESS
This certif the body shows: (1) was D.O.A deceased written ap	APR 7 1965 Robert Salent of Franco (O) Below 100 Promoter a
	VS 150-REV. 1/1/65

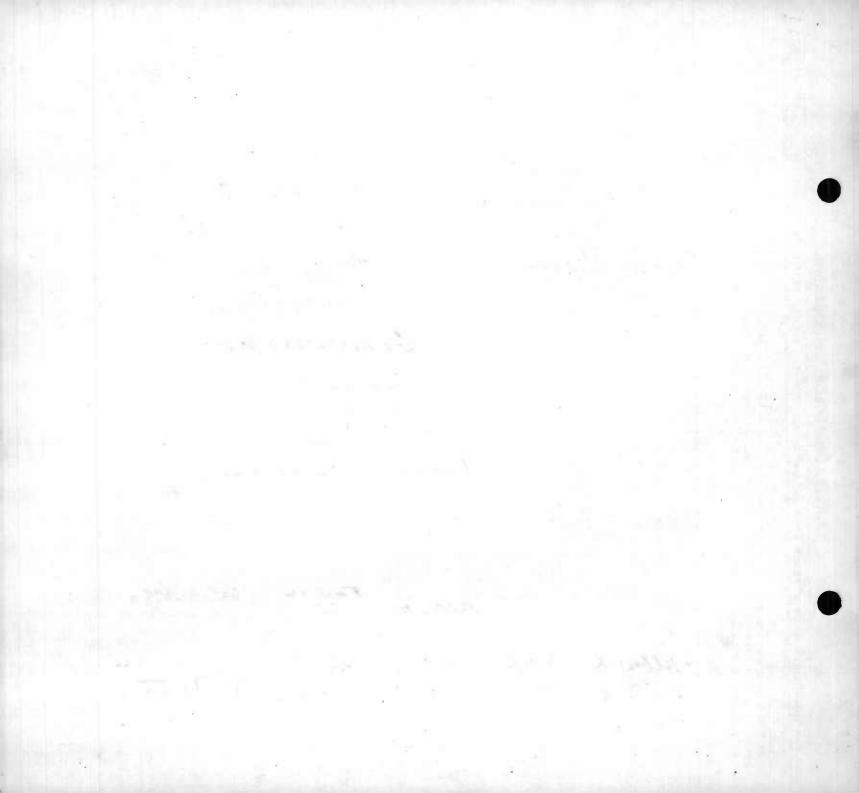


MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

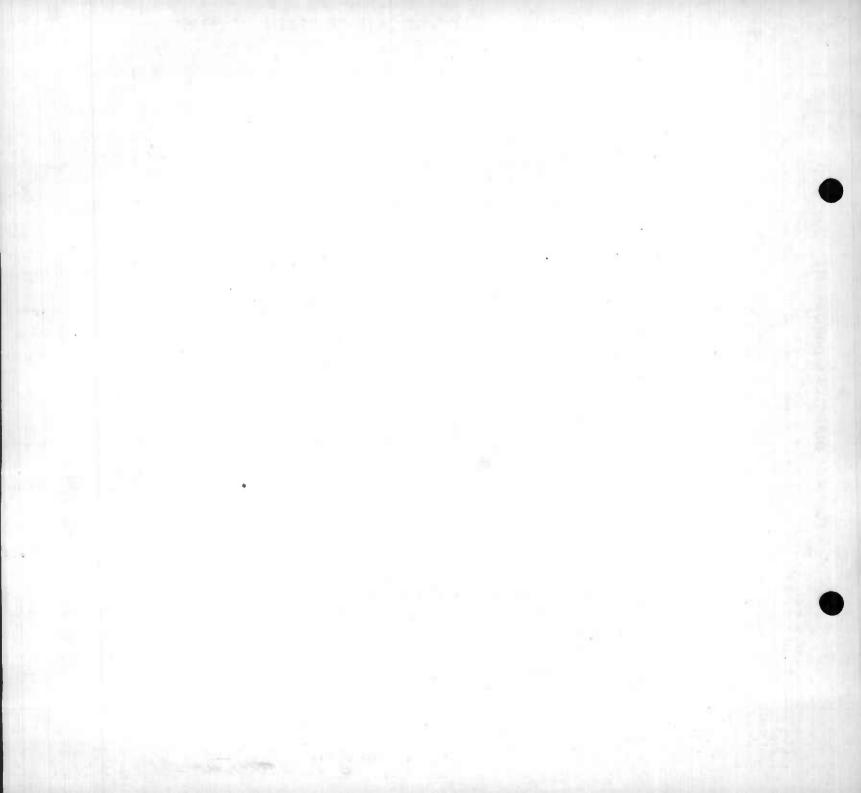
	ENTITICATE OF DEATH ASSESSMENT
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JOHN ROBINSON	April 5, 1965 4:44 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITT ON TOWN IN CONSIDER COMPOSITE MINIS, WHILE SO THE ONE GIVE MINISTRAL
	Baltimore
SOUTH BALTIMORE GENERAL	D. STREET ADDRESS (If rurol, give location)
HOSPITAL	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours, Min.
Male Negro	13/35/1918 49
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	YII. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Balto Me
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Opera Kotruson	Villie may adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
has a	Elle & Pola
1B. CAUSE	OF DEATH INTERVAL BETWEEN
Total	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	ciosclerotic cardiovascular
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	disease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
101	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-   Contribution   C	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	billice biografia occor:
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE O
22.	
I certify that I held an Inquiry Inspection 🗵 Au	tapsy and that an this basis, death in my apinlan
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER DATE SIGNED	
SIGNATURE John 2 folder M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) John E. Adams, M.D.	ASSOCIATE MEDICAL EXAMINER 4-6-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or couply) (Stote)	
REMOVAL (Specify)	- Cal Buth mix
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
APR 7 1965 P. P. & E. FalleyMA Je O 10 (1)	
WI II 1009 110-2010	Village Wilson
VS 151-REV. 1/1/65	0 1/4



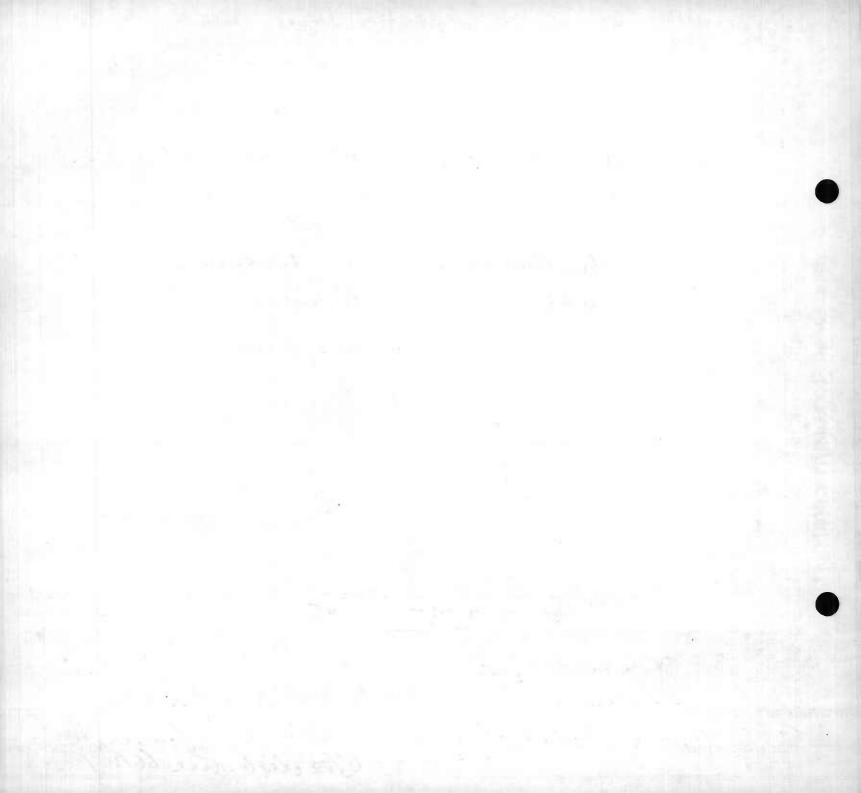
05 0000	BALTIMORE CITY	HEALTH DEPARTMENT		65 3699
BIRTH NO. 65 3699	CERTIFICA	TE OF DEATH	Registered No.	00 3033
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	4	2. DATE AN	HOUR OF DEATH	- Alverta
3. PLACE OF DEATH IN BALTIMORE MARYLAND	cryle	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)
	V	A. STATE B. COUN	TY O	11 8 4
FULL NAME OF (If not in hospital ar institution address or location)	, give street	C. CITY OR TOWN (If and	side city limits, write	RURAL and give township
INSTITUTION		Ball	Cerne	,
1935 Haden a	<u></u>	D. STREET ADDRESS (If r	ural, give location)	
	D, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Annalo Colore WIDOW	ED, DIVORCED (specify)		ast birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITZEN OF WHAT COUNTRY?
done during most of working life, even if retired		By Olyman	· mol	us A
13. FATHERS NAME	7 7 7 7	14. MOTHER'S MAIDEN NAM	AE	7,000
Charles Reach		Laure Di	The	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,na ar unknawn)(If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	700	ADDRESS
no		William C	rimnos.	Sound.
1B.	CAUSE O	F DEATH	200	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	12 %	NERALIZED H	10TED WELLE	
(This does not mean the mode of dying, e.g	g., DUE TO	1400/10/201	MERIOS CART	CL/Y
heart failure, osthenia, etc. It means the diseas injury or complication which caused death.)		6		
ANTECEDENT CAUSES	(B) DUE TO	EMILITY		
DISEASES OR CONDITIONS, if ony, givin		/		
UNDERLYING CONDITION last.	(C)	***************************************		~4.7************************************
Z OTHER STORY OF THE STORY OF T	No			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	THE ERMINITY	MYOCARDIBL F	FAILLIRE	THE PERSON
		20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
ERT				The state of the s
OP CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ome, form, factory, street, a tc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)
	1E. INJURY OCCURRED	21 F. HOW DID INJU	IBY OCCUP?	
OF INJURY	While At Not Whi	le 📉	OCCUR:	
22. I certify that (I) (this hospital) attended	Vark At Wark		9 65 to A	PRIL 5 106V
that (1) (we) lost saw the deceased alive on	00011 0	7.0		nion death occurred on the dat
ond hour and from the couses stated above.			antiny, (our, opi	decili occurred on the dot
23A. SIGNATURE	(., () (did) (did hdi)	/ one body offer deoffi.		23B. DATE SIGNED
Gulfey L. Danke	leco M.D. AH	ending Med.	Staff Phy s.	4/6/65
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	117-	001/6
	M.D.	722	N. Ta	Con Clare
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ly, lawn, ar county) (State)
Bunel 4/9/1965 /	salte Nut	Cerl 1	2alto	Thex
APR 7 1965 CR. See	of REGISTRAR	25C. FUNERAL DIRECTOR	1.1.	ADDRESS
AFR ( 1309 106 68	M. C. J. Charles	o Coloquella	Non 10	My Hamely Ou



BIRTH N			BALTIMORE CIT	HEALTH DEPARTMENT		65 3790
M.E. CA		3700	CERTIFICA	TE OF DEATH	Registered Na	00 0700
Type or	Print LUS	WALT	ER	4/5/	65 9:40	D. A.
FULL		hospital or institution, g	ive street	A. STATE B. COUN	ITY	litution residence before odmission
	TUTION ELAWS	locotion)  LIN SO	UARE	BACT INO	tside city limits, write RU CC rurol, give location)	JRAL ond give township)
4	BOSPITA	26			XINGTOR	UST
5. SEX	6. RACE	WIDOWED		? 1900	65	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done duri	ONE HPLO	f retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	DAROLINA	12. CITIZEN OF WHAT COUNTRY?
13. FATH	156H	WALTE	ERS	14. MOTHERS MAIDEN NAME & L 18 CL	E HALLO	WAY
15. Was (Yes, no c	Deceased Ever in U. S. As or unknown) Uf yes, give wo	rmed Forces? or or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Things.	ADDRESS
18.	DISEASE OR CONDITI		CAUSE O	/ · · ·		INTERVAL BETWEEN ONSET AND DEATH
(Thi	is daes not mean the man failure, asthenia, etc. If	node al dying, e.g.,	DUE TO	TASTATION THE PI	DOSTATE	
	ary or complication which	coused death.)	(8)	THE P	2014/6	
rise	SEASES OR CONDITION  In the obave cousting CONDITION	se (A) sloting the	(C)	4		*******************************
2 TO	HER SIGNIFICANT CONDIT THE DEATH BUT NO SEASE OR CONDITION CA	OT RELATED TO THE				
	DATE OF OPERATION	9B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21 A	ACCIDENT WAS UNDER CONTRIBUTING CAUSE ATH (notify medical examine	LYING 21 B. home	PLACE OF INJURY(e.g., i e, form, fectory, street, o	n ar about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimare	City, give exact location)
<b>⋖</b> DEA						
OF DEA	NOTE (Month) (Day) INJURY PROX.)		e At At Work	21F. HOW DID INJ	URY OCCUR?	/ =
DEA OF OF (AP)	INJURY PROX.)  I certify that (I) (this h	While World world world world world world world world world with world w	e At Not Whit	3/22	19 65 to 4	
V DEA 21D OF (API	INJURY PROX.)  I certify that (I) (this b t (I) (we) last saw the c	Whit World nospital) attended the deceased alive an	e At Not White At Work	3/22 519ond th	19 65 to 4	
V DEA 21DOF (API	INJURY PROX.)  I certify that (I) (this b t (I) (we) last saw the c	Whit World nospital) attended the deceased alive an	Not Whith At Work  deceased fram  (We) (did) (did nat)	3/22 5	19 65 ta	
22. than	INJURY PROX.)  I certify that (I) (this h t (I) (we) last saw the c I haur and from the caus	Whit World nospital) attended the deceased alive an	Not Whith At Work  deceased fram  (We) (did) (did nat)	3/22 ond the liew the bady after death.	19 65 ta	on death accurred on the da
21D OF (AP) 22. that and 23A.	INJURY PROX.)  I certify that (I) (this b t (I) (we) last saw the c I haur and from the caus . SIGNATURE	white work work work work work work work work	Not Whith At Work  e deceased fram.  (We) (dia) (did nat)  M.D. Attr.  Phy	3/22 ond the state of the state	19 65 ta	on death accurred on the da



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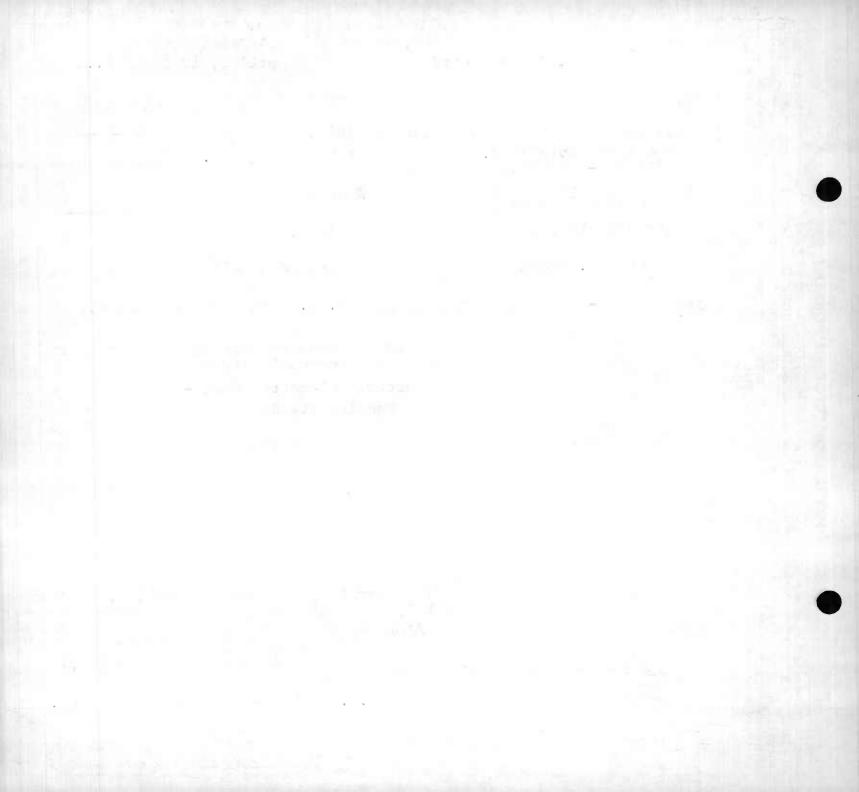
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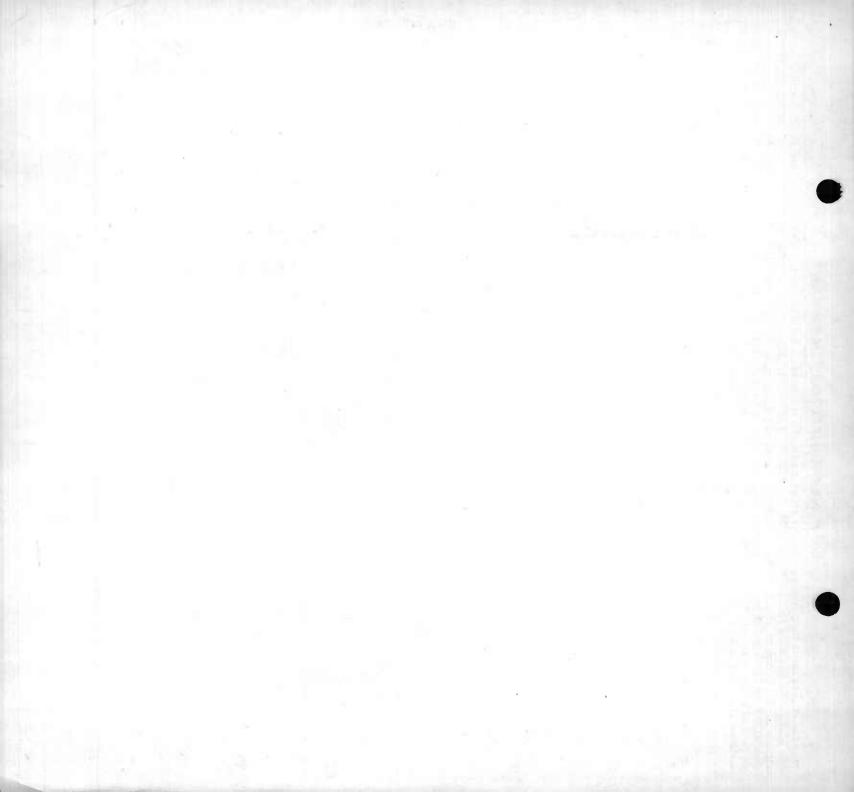
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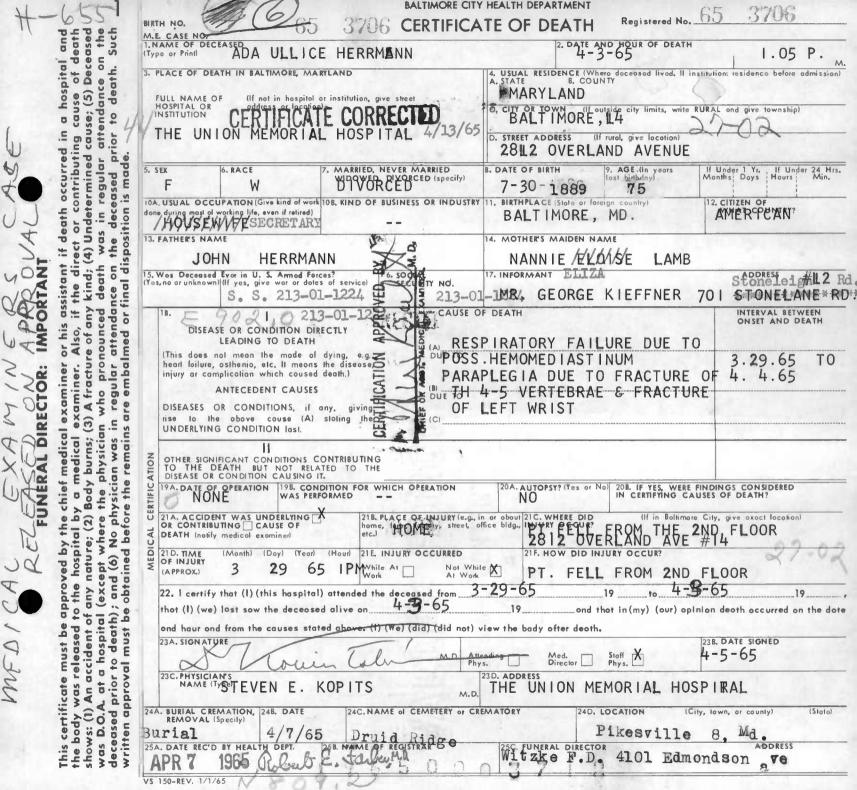
If Under 24 Hrs.



N	FDICAL	FXAMINER'S	CERTIFICATE	OF	DEATH Registered No.
ıv	ILUICAL	LVWIMILIATE O	CLKIIICAIL		DEA   Kegisiered Ito

6	260	65 3704  BALTIMORE CITY HEALTH DEPARTMENT  65 3704  BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
P.	200	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD
		WILLIAM FISHER (C.H.)  April 5, 1965   3:14 P. M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	4	SINAI HOSPITAL  D. STREET ADDRESS (If rural, give location)  4117 Penhurst Avenue
	(	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
		Male Negro Widowed June 3.1894 69 Months Doys Hours Min.
		to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count)  Officer's Club Howard Co. 1d.  U.S.A.
		13. FATHER'S NAME
		William Fisher Sr. Hattie Dorsey
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no arunknown) (II yes, give war or dates of service) SECURITY NO.
		218-14-8226 Eleanor Spruell-4117 Fenhurst Ave.
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
		198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		✓ 21A. EXTERNAL CAUSE WAS       21B. PLACE OF INJURY (e.g., in ar obaut 21C, WHERE DID (If in Boltimare City, give exact location)         UNDERLYING □ OR CONTRIB- tampe, farm, foctory, street, office bldg., UNJURY OCCUR?       INJURY OCCUR?
		21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE
•		22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian resulted fram: Notural causes X Accident Suicide Homicide Undetermined manner
		ACTUAL SIGNATURE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-6-65
		NAME (Tyge) John E. Adams, M.D.
		23A. BURIAL CREMATION, PARTIE PROVAL (Specify)  Burial  4/8/1965  Arbutus Nemorial Ik.  23D. Location (City, town, or county) (Stote)  Baltimore Co. Naryland
		APR 7 1965 Reliab E. talleum 1 1965 Registrar 1965
		VS 151-REV. 1/1/65



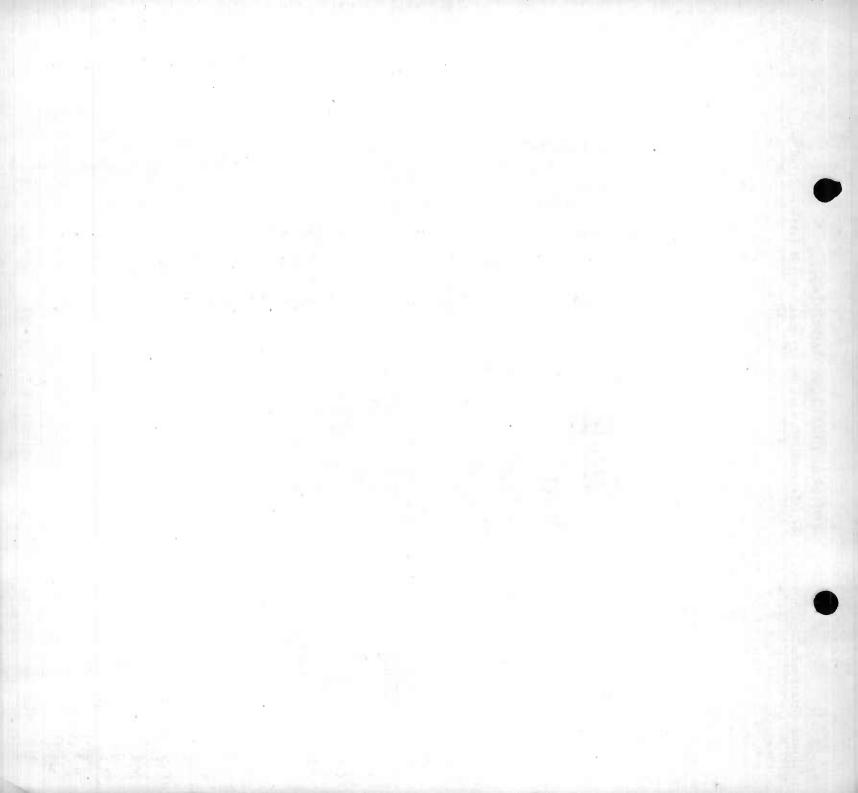


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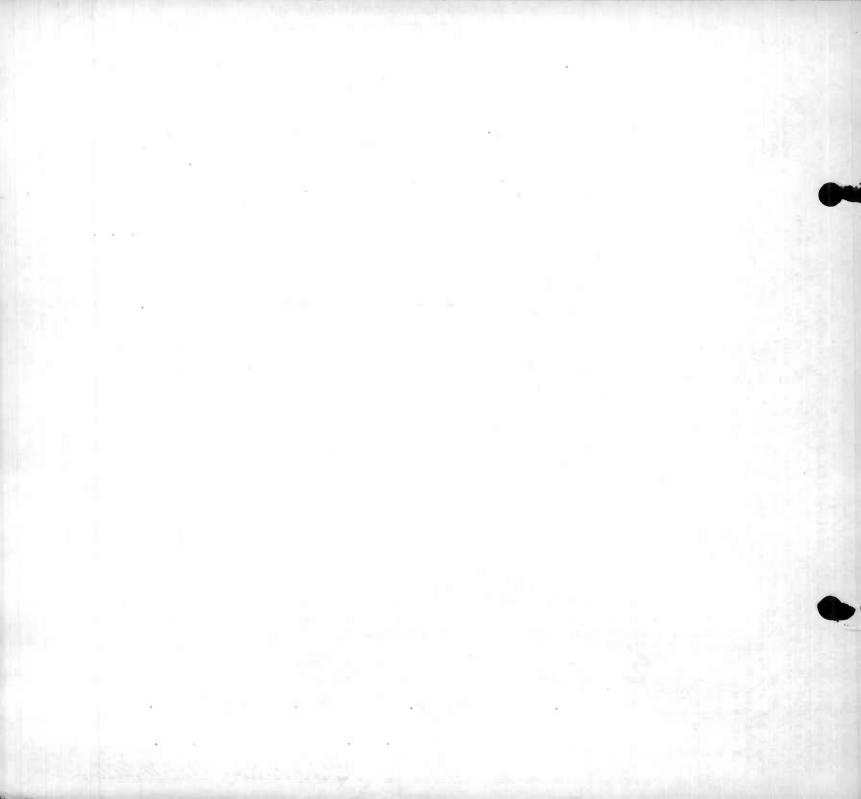
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BIRTH NO.

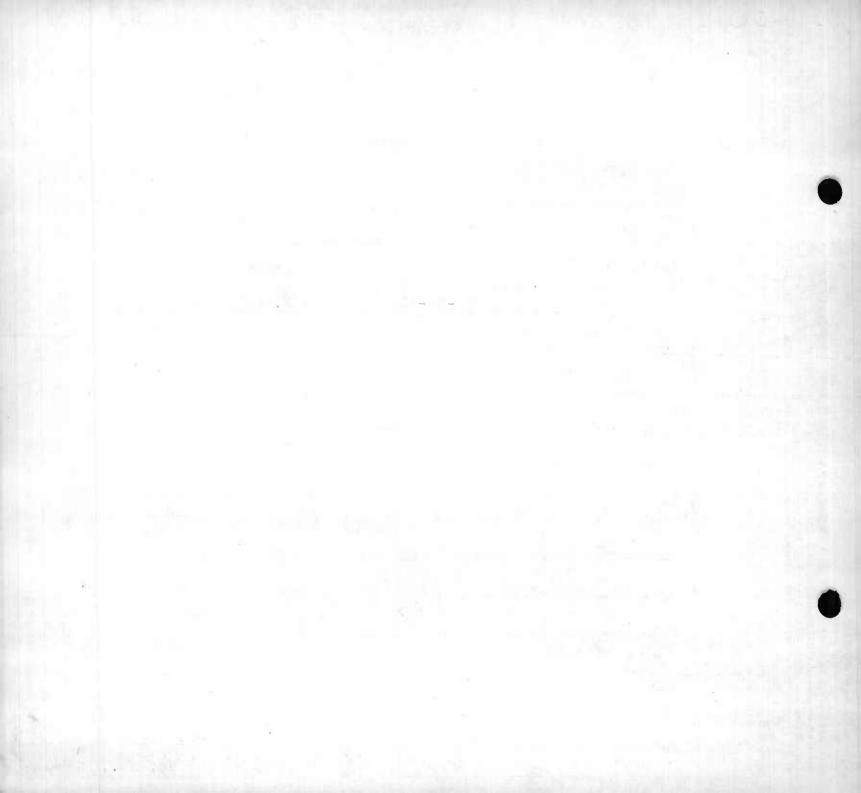
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yi. If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 4/6/65 ond that in (my) (our) apinion death occurred on the date 23B. DATE SIGNED 4/6/65 1400 N. Caroline Street, Baltimore, Md. Cemetery Charles



VS 150-REV. 1/1/65



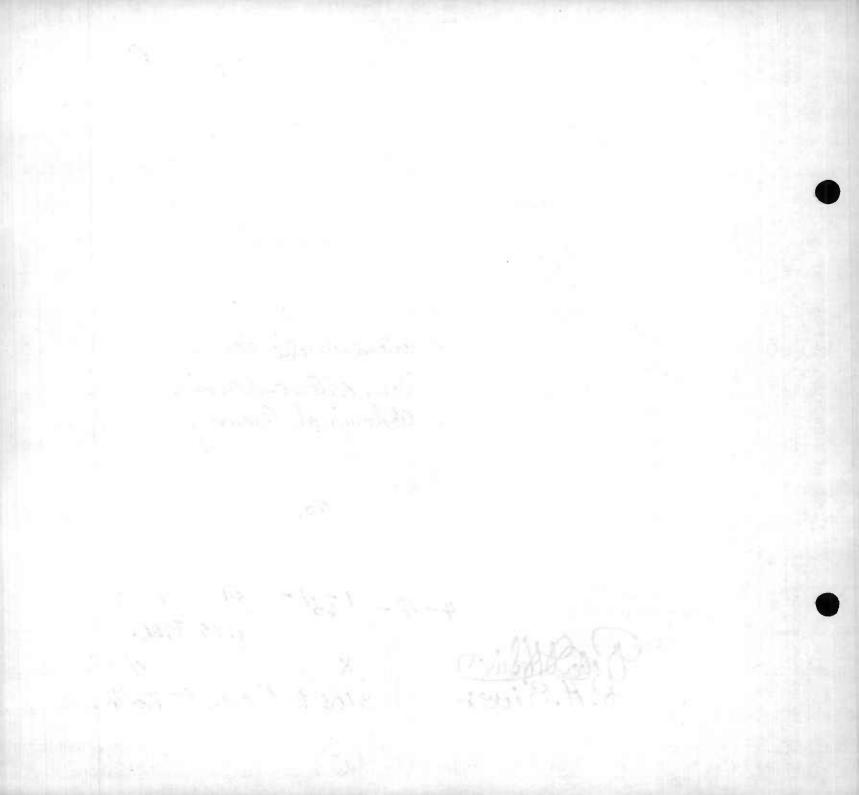
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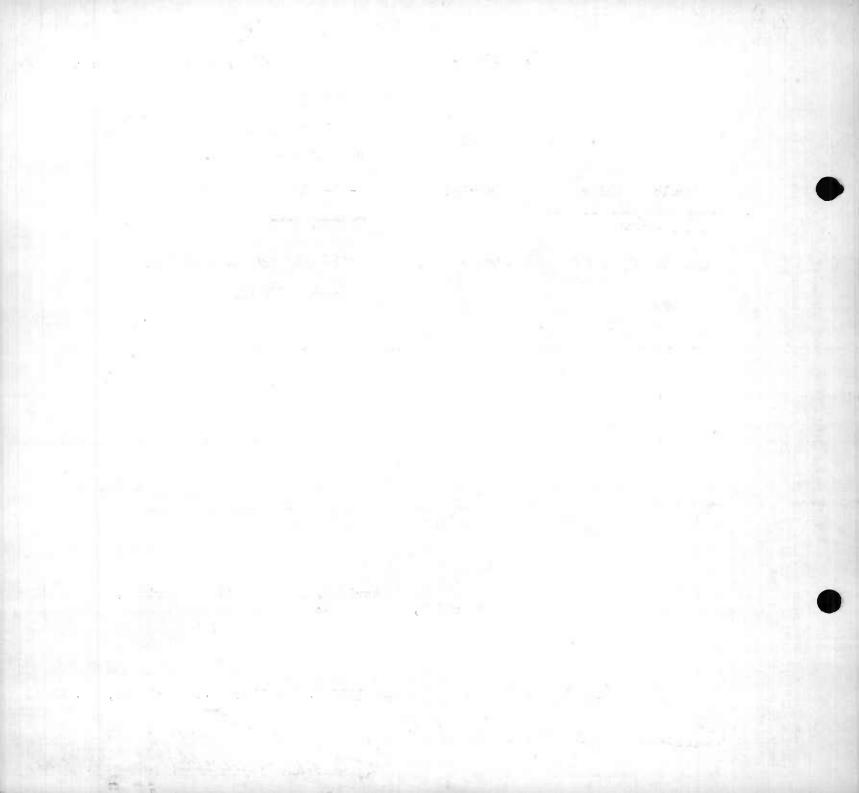
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05 2	340	BALTIMORE CITY	HEALTH DEPARTMENT		WE OWIE
BIRTH NO. 65 3	110	CERTIFICA	TE OF DEATH	Registered No	65 3712
I. NAME OF DECEASED		-		D HOUR OF DEATH	
Type or Print POBER	OICKL	- E	4/4	1/65	2:00 A.
PLACE OF DEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (Whe	e deceased lived. II in	stitution: residence before admiss
FULL NAME OF (If not	in hospital or institution, g	ive street			Arundol
	s or location)	146 311661	C. CITY OR TOWN (If our	Anne	RURAL and give township)
			CLENBU	BNIE	52-00
1	2 - 41			rurol, give location)	
SINAI HOS	PITAL		119 MAR	THA RO	AD
S. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
m	NEU	ER MAKKIE	9/14/52	12	
OA. USUAL OCCUPATION (Give		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, to	Sch	- 1	mass.		U.S.A.
3. FATHER'S NAME			14 MACTHERS MAIDEN NA	AE	
MELOURN	E OICKL	E	Eileent	1. McHte	ee
15. Was Deceased Ever in U. S.		1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (II yes, give	wor or dotes of service)	SECURITY NO	1 1	(1)	
		None	Clarke F. Veran	- Luncle /	Tockville, Md-
18. 204,21		CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONT		1	1. To monous	10-	( )
(This does not mean the		(A) DUE TO	Clarke F. Verga F DEATH Lute Mono ey	e au	Cerry C
heart failure, asthenia, etc	. Il meons the diseose	00510	V		
injury at camplication wh		( D)			
ANTECEDEN		DUE TO		) 644-4666666666666666666666666666666666	a+ <del>************************************</del>
DISEASES OR CONDIT		(C)			
UNDERLYING CONDITIO		( )	**************************************		aa hakka <mark>4</mark> mada 6 400 6 a a 80 hakka a 8 60 6 aa a 80 a a a 60 60 a a 60 60 60 60 60 60 60 60 60 60 60 60 60
O THE SIGNIFICANT CONTO THE DEATH BUT DISEASE OF CONDITION					
DISEASE OR CONDITION	CAUSING IT.		120A ALIZOPENA IV	V 200 IF V-2	SINDINGS CONSTRUCTION
19A. DATE OF OPERATION	WAS PERFORMED	THICH OFERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNI	DERLYING   21R	PLACE OF INTIDATE OF	or obout 21 C. WHERE DID	IIf in Baltimare	e City, give exact location)
OR CONTRIBUTION CAL	JSE OF home	e, form, foctory, slieet, o	fice bldg., INJURY OCCUR?	III DOMINION	At the expel locosion/
O .					
F OF INJURY		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	Worl	le At Not While At Work			
22. I certify that (I) (thi	s hospital) attended th	e deceased from	w. 19	1965 to Ap	ril 4 19 6
that (I) (we) last saw th	e deceased alive on	April of			nion death occurred on the
		(We) (did) (did not)	lew the body after death.		
23A. SIGNATURE		(3.7) (3.6) (3.7)	The body when downs		23 B. DATE SIGNED
Hernes	M. 4 p16	M.D. Atte	ending Med.	Stoff	es /16/
23 C. PHYSICIAN'S		Phy	s. Director L	Phys.	177
NAME (Type)	1000 4		0 - 11	1111	2 1 AAL
GER	MEDO M. 7	PIL 12. M.D.	Sinas 17	03pita/)/	)alto: 1/11-
24A. BURIAL CREMATION, 24 REMOVAL (Specily)	DATE 24C. NA	ME of CEMETERY of CRI	MATORY A L 24D. L	OCATION (C	ity, town, or county) ISA
Burial A	br-6/65 G1	en Haven	lem. Pakk GI	en Burni	e) /1/1.
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME O	FREGISHRAR	25C. FUNERAL DIRECTOR	- / /	ADDRESS
APR 7	1965 (12 Cal)	M. Markey M. M.	15. V. 05:18	deton	Glen Burnic
150-REV. 1/1/65				7	

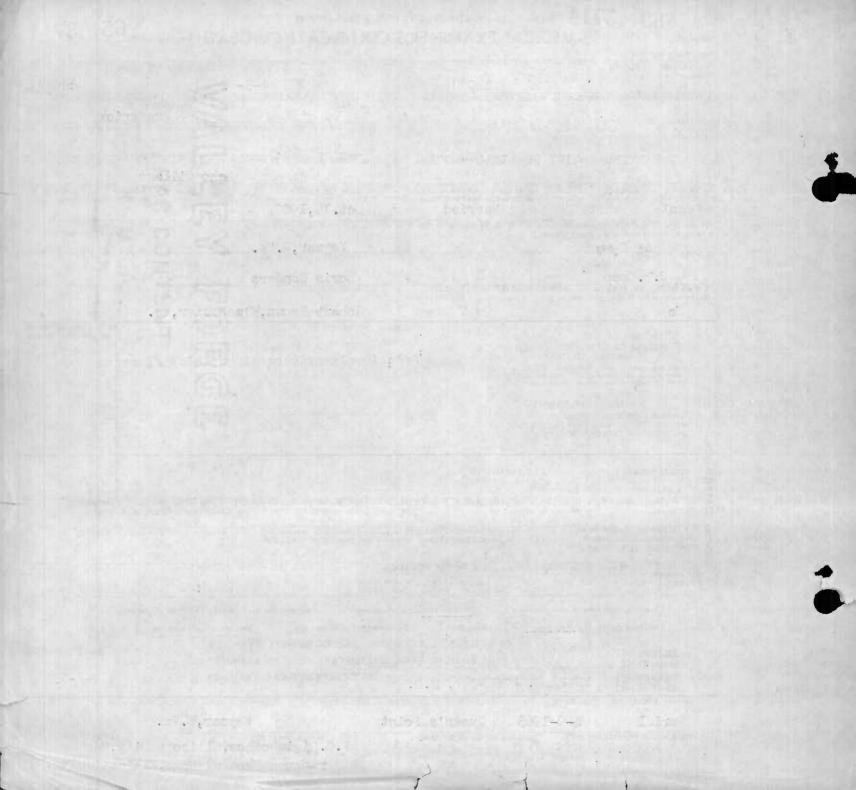
CASE NO.   INAME OF DECASED   Prol, Maria R.   2. Date and hour of Death   April 2, 1965   3.25		OF 0140		TY HEALTH DEPARTMENT	Destaura I No	65 3713
April 2, 1965   3:25.	M.E	L CASE NO.	CERTIFIC			
LEACE OF DEATH IN BALTMORE MARILAND  FULL HAME OF MOSPITAL OF MOSP		m 1 - 1	ol Maria P.			
FULL NAME OF HOSPITAL OR ORDERS OF Incestion of Control No. 1971 A CONTROL OR HOSPITAL OR ORDERS OF Incestion of Control No. 1971 A CONTROL OR HOSPITAL OR HOSPITA	. 1			4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admissi
Baltimore 21208  St. Joseph Hospital  Baltimore 21208  St. SE  St. SE  St. SE  St. SE  St. SE  St. Sec. Sec. St. Sec. St. St. St. St. St. St. St. St. St. St	-	HOSPITAL OR oddress or local	ol or institution, give street tion)	Maryland B. Co	UNTY	Balto
Column   C	1		ph Hospital	Baltimore 212	208	5300
Forma.10  White  OA. USAL OCCUPATION (Give kind of work) loss, kind of post littles and post of post o				600 Reisterst	own Rd.	
HAVANA, CUBA    HAVANA, CUBA		Female White	Married (specify)	8-24-1917	lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
AMOTHERS NAME	on	e during most of working life, even if retired	ork 108. KIND OF BUSINESS OR INDUST		oreign country)	12. CITIZEN OF WHAT COUNTRY?
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., head folius, asthenia, etc. it means the disease, injury or complications which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stolling the UNDERLYING CONDITION lost.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASES OR CONDITION TO THE LATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION (J.g., in or obout 20 A. AUTOPSY? I'ves or No.   208. If YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?  TO DEATH MOINT medical examined and provide and control of the couse of the deceased from April 2.  21D. TIME (Month) (Doy) (Yeed (Hour 21E. INJURY OCCURED While   21F. HOW DID INJURY OCCUR?  While AI   Not White   21F. HOW DID INJURY OCCUR?  While AI   Not White   21F. HOW DID INJURY OCCUR?  While AI   Not White   21F. HOW DID INJURY OCCUR?  While AI   Not White   21F. HOW DID INJURY OCCUR?  While AI   Not White   21F. HOW DID INJURY OCCUR?  221. I certify that (I) (this hospital) attended the deceased from April 2.  222. I certify that (I) (this hospital) attended the deceased from April 2.  223. SIGNATURE  ALL DISCASS OF CONDITION (City, lown, or county)		FATHER'S NAME	Romero			ias
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nol mean the mode of dying, e.g., beant failure, asthenia, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the UNDERLYING CONDITION ISLATED TO THE DEATH SON DITIONS CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING BOOK TO THE DEATH GROWN CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING COURSED BOOK TO THE DEATH GROWN CAUSE OF DEATH COURSES OF DEATH C	15.  Ye:	Was Deceased Ever in U. S. Armed I	Forces? 16. SOCIAL	Jose PX	302	ADDRESS
ANTECEDENT CAUSES  (B) MCTASTASIS TO the Brain  DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tool.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  12  DISEASE OR CONDITION SONTRIBUTING WAS PERFORMED  DISEASE OR CONDITION TO THE DISEASE OR CONDITION FOR WHICH OPERATION  DISEASE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (In only medical examine)  DEATH (Indiff) medical examined was performed with the control of the control		DISEASE OR CONDITION I LEADING TO DEAT (This does nat mean the made heart failure, asthenia, etc. it mea	DIRECTLY  H  (A) Ge  af dying, e.g., DUE TO		noma of the	ONSET AND DEATH
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION tool.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED NO 21A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAS PERFORMED NO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NO 21A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED NO 21A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED NO 21A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED NO 21A. AUTOPSY? (Yes or No) 20A. AUTOPSY		injury ar camplication which caus	ed death.)	tastasis to the	Brain	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22L. I certify that (I) (this hospital) attended the deceased from April 2, 19 65 to April 2, 1 that (I) (we) lost sow the deceased alive on April 2, 19 65 ond that in(my) (our) opinion death occurred o and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Salvador Marse!  24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, Iowa, or county))  April 2 196  Cause Finding Med. 2  24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, Iowa, or county))  Cause Finding Med. 2  24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, Iowa, or county))  Cause Finding Med. 2  Cau	Ξ	rise to the above cause (A	f any, giving		a - h	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    20A. AUCIDENT WAS UNDERLYING   CAUSE OF INJURY (e.g., in or obout of Contributing   CAUSE OF DEATH?   10B.   10	VIION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	LATED TO THE		North Co.	
DEATH (notify medical exominer)    DEATH (notify medical exominer)	RTIFIC/	19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION		No. 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work   21F. HOW DID INJURY OCCUR?  While At   Not While   22. I certify that (I) (this hospital) attended the deceased from April 2, 1965 to A		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR	(If in Boltim	ore City, give exact location)
that (I) (we) lost sow the deceased alive on April 2.  19.65 and that in (my) (our) opinion death occurred of and hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  Altending Med. Stoff Phys. April 2 196  23C. PHYSICIAN'S NAME (Type)  Salvador Marse!  M.D. Attending Med. Director Phys. April 2 196  23D. ADDRESS  NAME (Type)  Salvador Marse!  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  April 2 196  City, lown, of county)  Child County Of County)	MEDI	21 D. TIME (Month) (Doy) (Yes	While At Not W	hile	INJURY OCCUR?	
23A. SIGNATURE    Attending   Med.   Stoff   Phys.   April 2 196   23C. PHYSICIAN'S   NAME (Type)   Salvador Marse!   M.D. 1400 N. Caroline St., Baltimore, Md. 2   24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, lown, of county)   Chemoval (Specify)   Caroline St.   Chemoval (Specify)   Caroline St.   Chemoval (Specify)   Caroline St.   Chemoval (Specify)   Caroline St.   Caroli		that (I) (we) lost sow the decea	sed alive on April 2,	19 65 ond	that in (my) (our) o	
23C. PHYSICIAN'S NAME (Type)  Salvador Marse 1  24A. BURIAL CREMATION, 24B. DATE  PREMOVAL (Specify)  April 5 da Date  24C. NAME of CEMETERY OF CREMATORY  City, lown, of county)  Character Company  Control County  Control County  Control County  Control Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  Control  C		A	110110 M.D.	Attending Med.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or country)  REMOVAL (Specify)  April 5 da Specify Ready  April 5 da Specify				23D. ADDRESS		
APR 7 1965 P. A. T. C. HOLLEN TO PER	24/	BURIAL CREMATION, 248. DATE	3-Las Dried Al	CREMATORY 24D	Tilseselle	(City, lown, or county) (Stote)
There I have been been been been been been been be	257	APR 7 1965	Poliste Falky Mil	Back A	Mewell,	Pikesirlle 8, Md.



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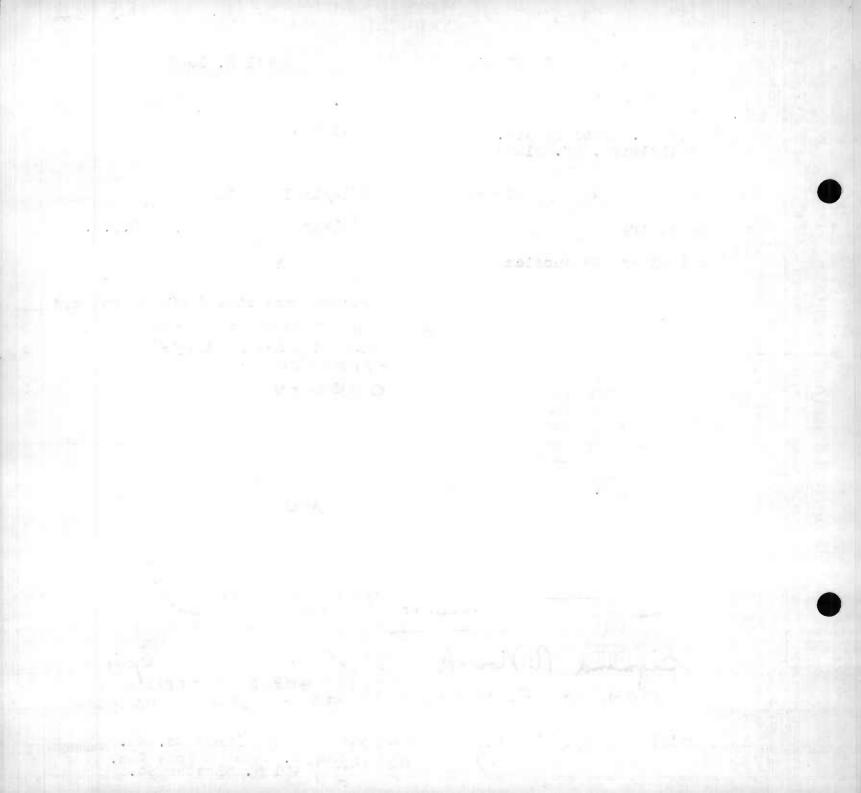
## BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.65 3714

M.E. CASE NO.					
1. NAME OF DECEASED			2. DAT	E AND HOUR PRONOUNG	CED DEAD
trype of rinn	ALMA	BROWN		4-5-65	4:10 A <sub>M</sub>
3. PLACE IN BALTIMORE, M.			A. STATE	Where deceosed lived, If ins B. CO	titution: residence before odmission) UNITY
FULL NAME OF (IF NO HOSPITAL OR ADDR	T IN HOSPITAL OR INST	TITUTION, GIVE STREET	Virginia		rederick te RURAL ond give township)
INSTITUTION	ESS OR LOCATION			ovisios corporore mining, with	A A
BALTIMORE	E CITY HOSPIT	AL - DOA	D. STREET ADDRESS (IF		V-43
			Fay Stree	t Echo Villa	age
5. SEX 6. RACE		D, NEVER MARRIED D, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost hirthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female Whit	ie M	arried	Oct.19,1907	57	
10A. USUAL OCCUPATION (G done during most of working life,	even if retired)	OF BUSINESS OR INDUSTR	YII. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			Keyser W. V	Ta.	
IS. FATHER'S NAME			14. MOTHER'S MATDEN	NAME	
J. H. Copp			Doris Sande	ers	
15. WAS DECEASED EVER IN Yes, no or unknown) (If yes, giv	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		?	Robert Brown	,Winchester, Va	9.
1B.		CAUS	E OF DEATH	-,·,·.	INTERVAL BETWEEN
DISEASES OR COND RISE TO THE ABOVE O UNDERLYING COND  OTHER SIGNIFICANT O	ENT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING TH TION LAST.  II CONDITIONS CONTRIBU JIT NOT RELATED TO ON CAUSING IT. N 198. CONDITION FO	(C)	20A. AUTOPSY? (Yes of	No)  208, IF YES, WERE FI	
O	WAS PERFORMED		No	IN CERTIFYING CAU	SES OF DEATH?
21A, EXTERNAL CAUSE VOUNDERLYING OR CONTI UTING CAUSE OF DEA 21D TIME (Month) OF INJURY	RIB- ho	21E. INJURY OCCURRED	in or obout 21 C. WHERE D office bldg., INJURY OCCU	ND (If in Boltimore City, g R?	ve exoct locotion?
	m	WORK AT W	VORK		
22. I certify that I	held an Inquiry	Inspection X Au	topsy ond that a	n this bosis, death in r	my opinion
resulted from:	Notural couses K	Accident Sulcid	le Homicide	Undetermined monn	er _
ACTUAL	DAW R	Cael X	CHIEF MEDICAL		DATE SIGNED
EXAMINER'S NAME (Type)	PETER W. RIE		ASSOCIATE MEDICA		4-5-65
23A. BURIAL CREMATION,	238. DATE	23C. NAME of CEMETERY	or CREMATORY 2	D. LOCATION (City,	, town, or county) (State)
REMOVAL (Specify) Burial	4-9-1965	Queen's Point		Keyser, W. Va.	
APR 7	1965 0 248, NAM	E OF REGISTRAR	F.C. Higinb	othom Ellicott	City, Md



FUNERAL DIRECTOR:

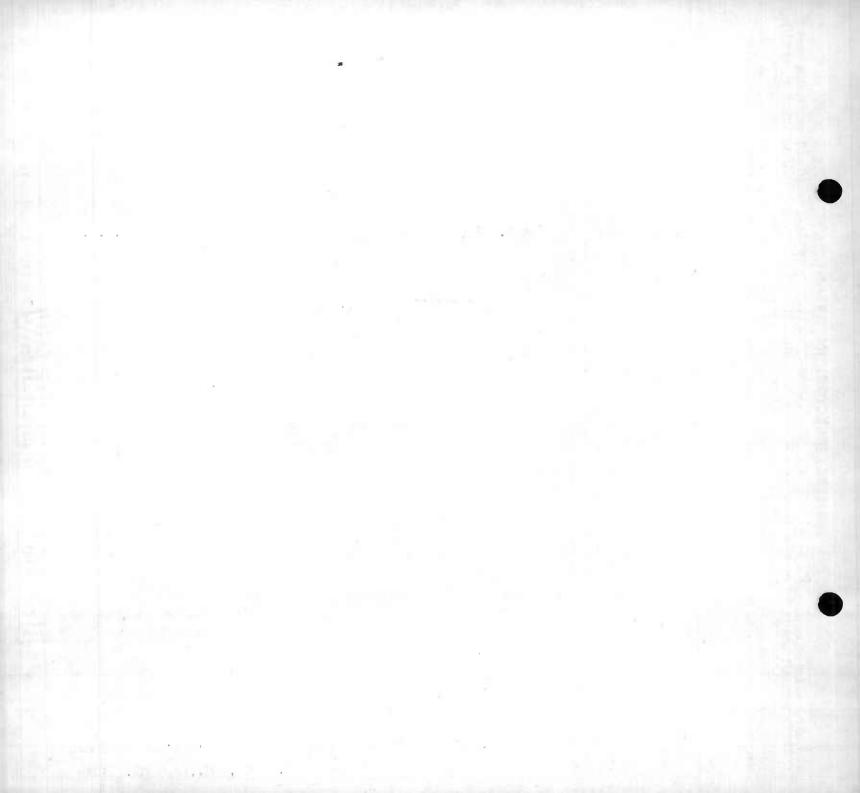
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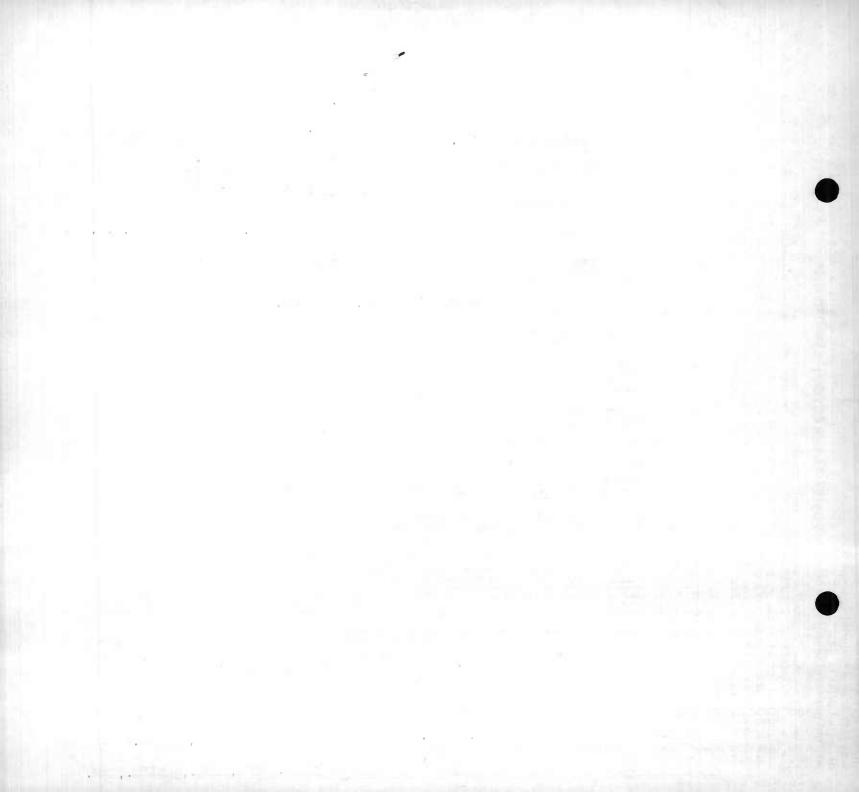


BALTIMORE CITY HEALTH DEPARTMENT

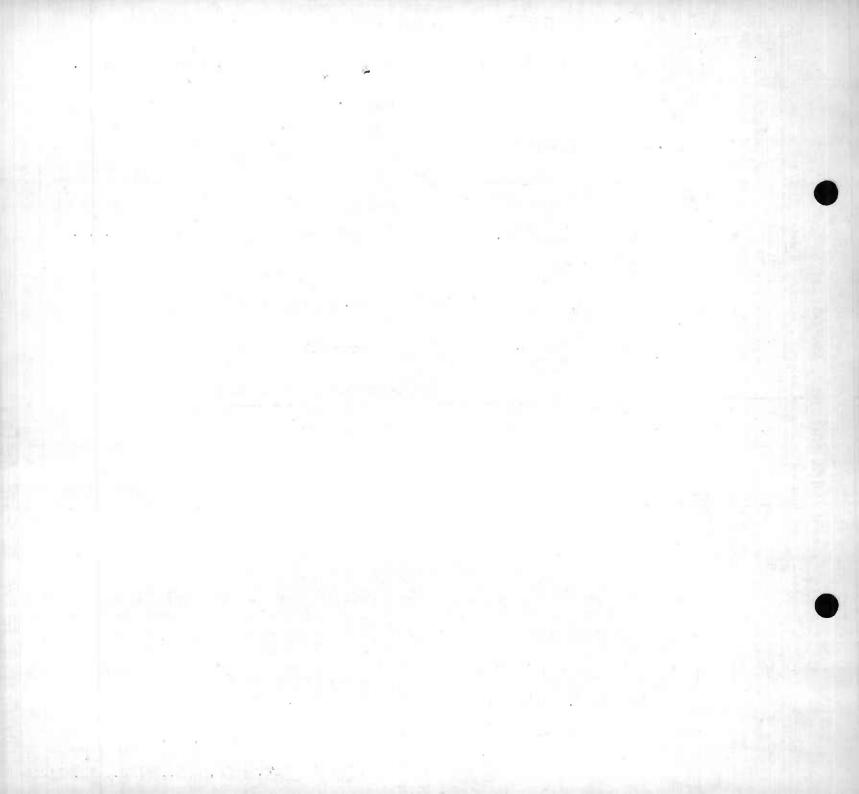
The State of the S the try and a second February from ---come for proces, CESTER R. SAN SO, Suns Lours ST. T.

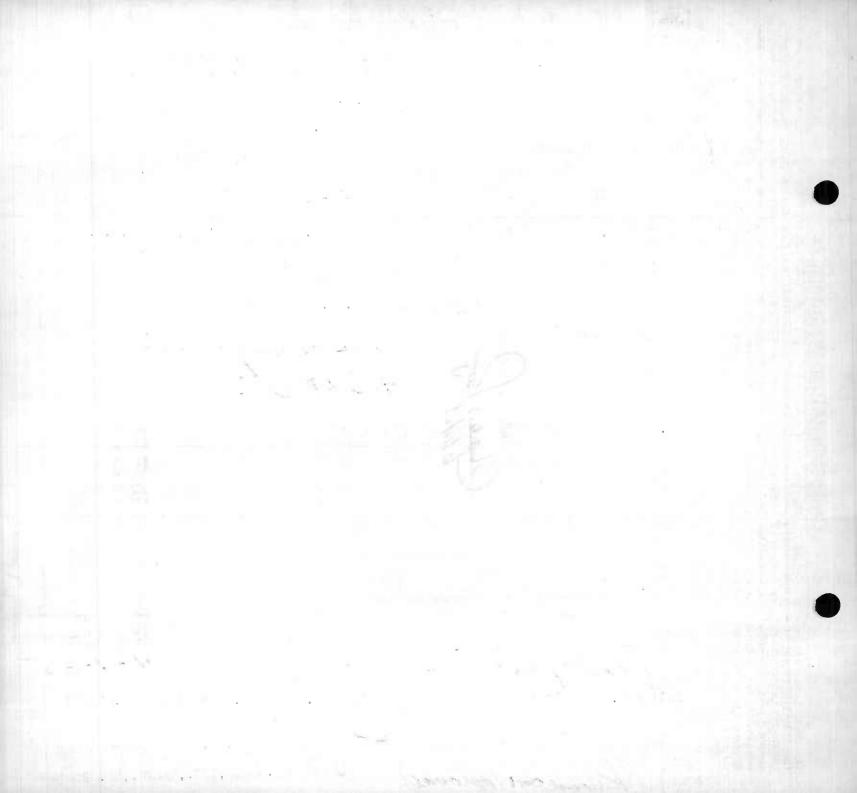
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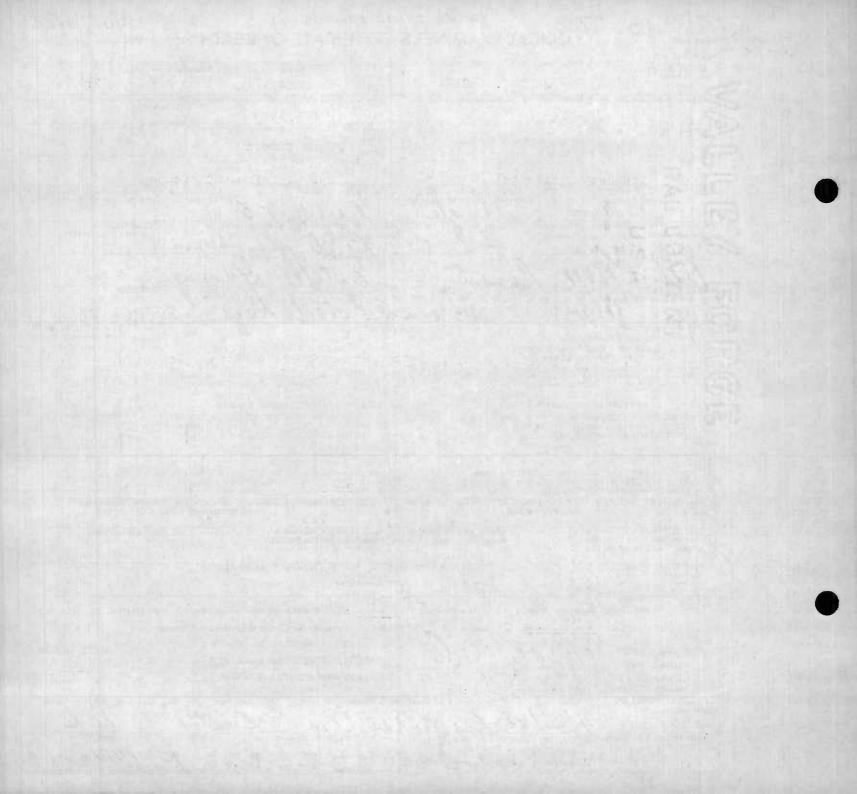


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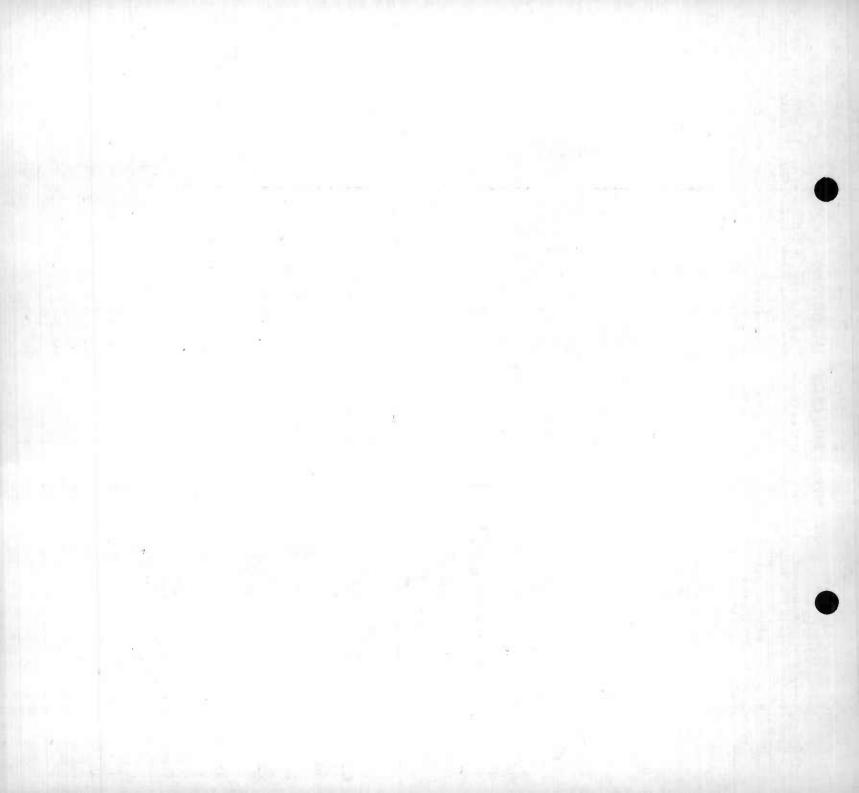


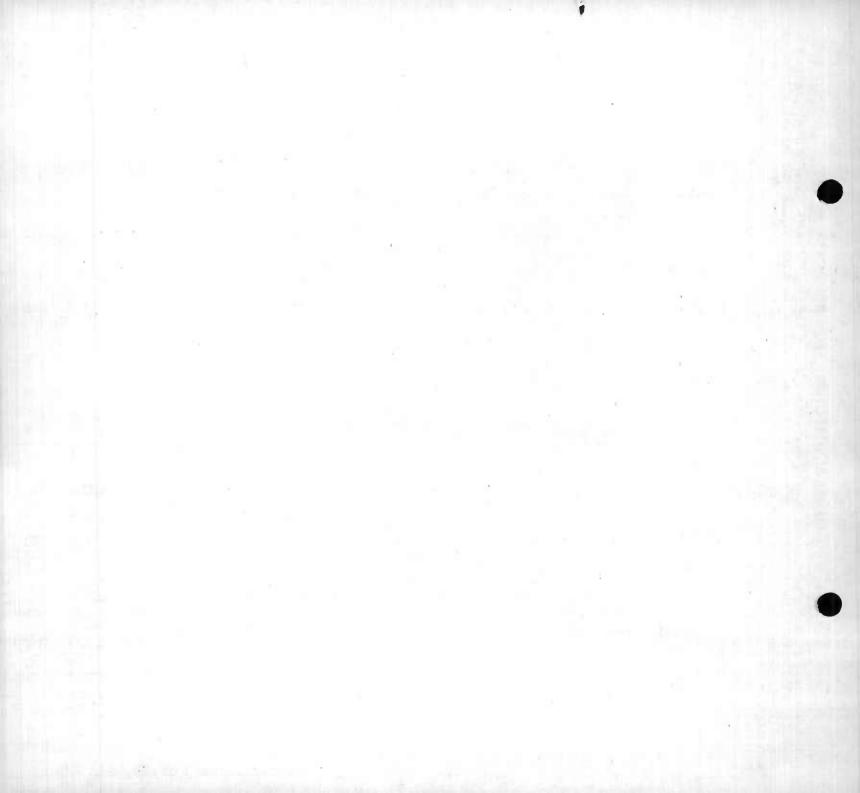
1.	E. CASE NO.  NAME OF DECEASED	TO DATE AND HOUSE STONEOUS OF AD	
	JOHN A. LOGAN	2. DATE AND HOUR PRONOUNCED DEAD	2:40 a
		April 7, 1965	M.
		A. STATE Maryland  Maryland	dence before odmission)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DEPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL Baltimore	nd give to waship)
3	4	D. STREET ADDRESS (If rural, give locotion)	
	Bon Secour Hospital	2545 W. Fairmount Avenue	
		8. DATE OF BIRTH 9. AGE (In years If Unde	Days Hours Min.
104	A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY ng during most, ol wqukiye lile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF AT COUNTRY?
	ruck driver -	92 11keupham argenia	
13.	FATHER'S NAME	T4. MOTHER'S MAIDEN NAME	had all
		17. INFORMANT ADDRES	50
(1e:	s, no or unknown) (II yes, give wor or dotes of service)  SECURITY NO.  219-30-2438	Estolle Lugar 11- 2533/	1. Hermout
THE PERSON NAMED IN		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty	metamorphosis of liver, severe	
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	medamorphobis of liver, severe	
	injury or complication which caused death.)		
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
ATION	(C)		
은	TO THE DEATH BUT NOT RELATED TO THE	Partial	
CERT	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  Yes  20 A. AUTOPSY? (Yes or No)   20 B. IF YES, WERE FINDINGS (IN CERTIFYING CAUSES OF D	ON SIDERED
EDICAL	UNDERLYING OR CONTRIB- home, form, foctory, street, of	n at about 21C. WHERE DID (If in Boltimore City, give exact I ffice bldg., INJURY OCCUR?	acation)
Ī	21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.)  m. WHILE AT NOT V WORK AT W Part	ork	
	I certify that I held on Inquiry Inspection Auto	opsy x ond that on this basis, death in my apinio	in
	resulted from: Noticel Courses X Accident Suicide	Homicide Undetermined monner CHIEF MEDICAL EXAMINER	
	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	4-7-65
	NAME (Type) V Rudiger Breitenecker / A. BURIAL CREMATION,  238. DATE  23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or	county) (State)
			9
	MOYAL (Specify)  A. DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR	t. Cem. Balts.	ml. ADDRESS



3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF INSTITUTION  If not in baspited or institution, give sheel oddress or becofton in didness or become in didnes		NO. CASE NO. ME OF DEC	65 3723	YY t	CERTIFICA	ATE OF DEATH	Registered No.  AND HOUR OF DEATH Pril 2 /65		
FULL NAME OF (If and in hospital or institution, give sheet HOSPITAL OR Oddiess or location)  FULL NAME OF HOSPITAL OR oddiess or location)  S27 S East Ave  S28 (If under 1 Tr., If Under 24 Hrs. Wilding life, aven if radiced)  In Usual Occupation (Give kind of work 108, kind of susiness or industry)  In Fathers Name  JOSeph Arnett  In J. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?  It was Deceased Ever in U. S. Amed Forces?									M.
Dealtimore   Dea	FU HO	LL NAME O	OF (If not in haspital	or institution, give	stieel	A. STATE 8. CO	Maryland	đ	
5. SEX White White Wildow Divorced (specify) S. DATE OF BIRTH (sat birthday) 80 Manifes Days Hours Min.  Min. Wildow Wildow Wildow Nov 9 1884 (sat birthday) 80 Manifes Days Hours Min.  Months Days Hours Min.  Manifes Days Hours Min.  Min. Wildow Nov 9 1884 (sat birthday) 80 Manifes Days Hours Min.  Months Days Hours Min.  Min. Wildow Months Inc.  Manifes Days Hours Min.  Min. Wildow Months Inc.  Months Days Hours Min.  Min. Wildow Months Inc.  Manifes Days Hours Min.  Min. Wildow Months Inc.  Manifes Days Hours Min.  Min. Wildow Months Inc.  Min. Wildow Months Inc.	fNS	TITUTION				Baltim	ore	20-11	
EMILAGE White WIROW DIVORCED (specify) Nov 9 1884   lost birthdoy 80   Months; Days Hours Min, 100, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?    13. FATHERS NAME JOSEPH Arnett   At home   14. MOTHERY MADEN NAME   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Mrs Dorothy Roppelt 7518 Bright side Ave 6 Mc   18.   CAUSE OF DEATH   CAUSE OF DEATH   ONSET AND DEATH			527 S East	a Ave					
13. FATHERS NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL   17. INFORMANT   ADDRESS   18.   1				7. MARRIED, NEV WIDOWED. DI WIDOW	VORCED (specify)		Local State Local	ff Under 1 Yr. If Under 24 H Manths Days Haurs Min.	
15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL SECURITY Not.   17. INFORMANT   ADDRESS   Mrs Dorothy Roppelt 7518 Bright side Ave 6 Mc   Mrs Dorothy Roppelt 7518 Bright side Ave 6 Mc   Instead of dying, e.g., healt failure, asthemic, etc. II means the disease, injury at camplication which caused death.)   ANTECEDENT CAUSES   DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Set.   Stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   19A. Date Of Peration   19A. CONDITION For WHICH OPERATION   19A. CONDITION CAUSING IT.   19A. Date Of Operation   19A. CONDITION CAUSING IT.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A. Condition of Causing It.   19A. Date Of Operation   19A.					INESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?	
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no ar unknown) (If yes, give war at dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Mrs Dorothy Roppelt 7518 Bright side Ave 6 Mc  18.	3. FA	THER'S NAM	ME A	at home		14. MOTHER'S WAIDEN	NAME Compliance	9	
18.		J.	osepn Arnett				Caroline		
18.	5. Wo	o ar unknawn	Ever in U. S. Armed Far	rces? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID or CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID or CONTRIBUTING CAUSES OF DEATH?  (If in Baltimare City, give exact lacohan) or contributing cause or contributing causes of pleath?						Mrs Dorothy R	oppelt 7518 H	Bright side Ave 6	Mc
Whife At Not While	o physician was in regular fore the remains are emba and continuing the remains are emba and continuin	This does no nearl failure, njury ar cam  DISEASES OF THE STORY OF THE	LEADING TO DEATH  and mean the made of asthenia, etc. It means in the made of asthenia, etc. It means in the made of asthenia, etc. It means in the made of the means of the m	dying, e.g., the disease, death.)  any, giving stating the  CONTRIBUTING ATED TO THE IT. IDITION FOR WHICE FORMED  21 B. PLA home, for etc.)	(B) DUE TO  (C)  H OPERATION  CE OF INJURY (e.g., rm, foctory, street,	20A. AUTOPSY? (Yes or in ar about 21 C. WHERE DIE affice bidg., INJURY OCCUR	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
		hat (I) (we)	last saw the decease	ed alive on	3/31	19 6 5 ond	that in (my) (our) op	inion death occurred on the c	lote
ond hour ond fram the couses stoted obove (I) (We) (did) (did nat) view the body ofter deoth.  23A. SIGNATURE    Ond from the couses stoted obove (I) (We) (did) (did nat) view the body ofter deoth.    Ond from the couses stoted obove (I) (We) (did) (did nat) view the body ofter deoth.    Attending   Med.   Staff   Phys.	23 23	3A. SIGNATU  3C. PHYSICIA  NAME IN  BURIAL CREE	yamin O (NS (NS (NS (NS (NS (NS (NS (NS	Jacker TN 124C. NAME	// Ph	23D. ADDRESS Webs. 1416	HLAND AVE	Physics, 24M	1
that (1) (we) last saw the deceased alive on 3/31 19.6 ond that in (my) (our) opinion death occurred on the date ond hour and fram the causes stated above (1) (We) (did) (did nat) view the body ofter death.  23A. SIGNATURE    January	23 23 24A. I	3A, SIGNATU  JOH  3C, PHYSICIA  NAME IT  DRIVER  BURIAL CREATER	Wanyn O (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'S (N'		M.D. of CEMETERY or C.	23D. ADDRESS 1460.  121 S. 1460.  REMATORY 24D	HARD AVE		

BALTIMORE CITY HEALTH DEPARTMENT





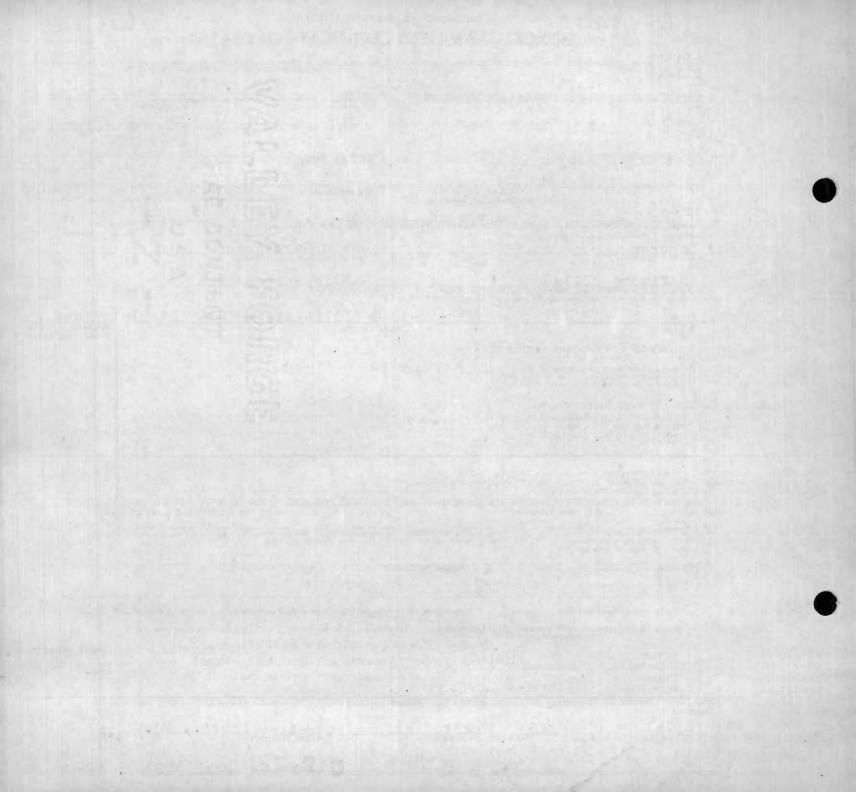
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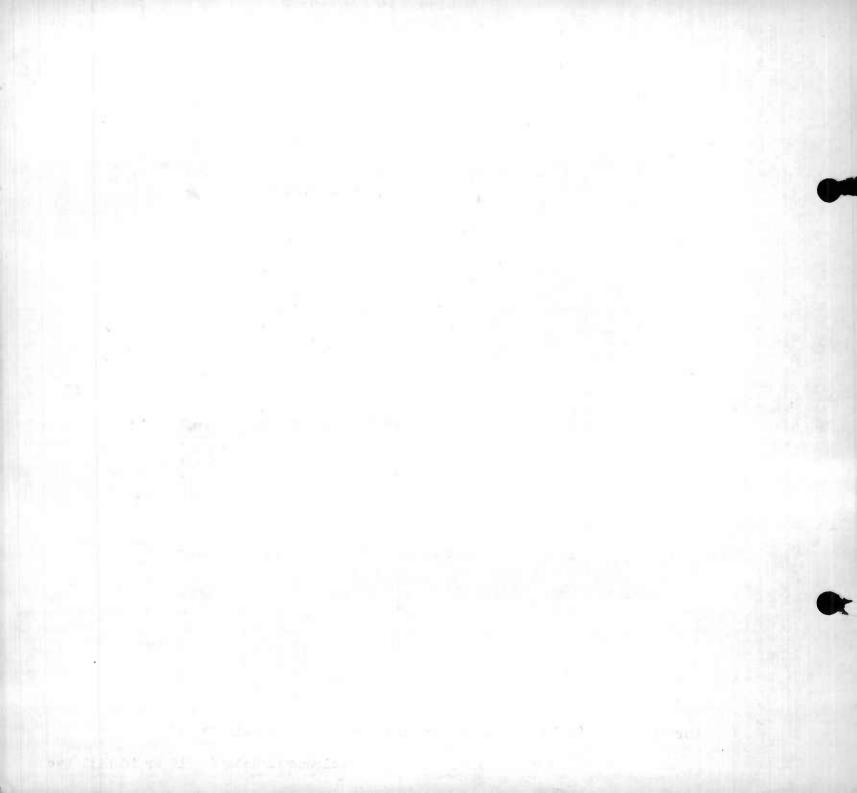
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

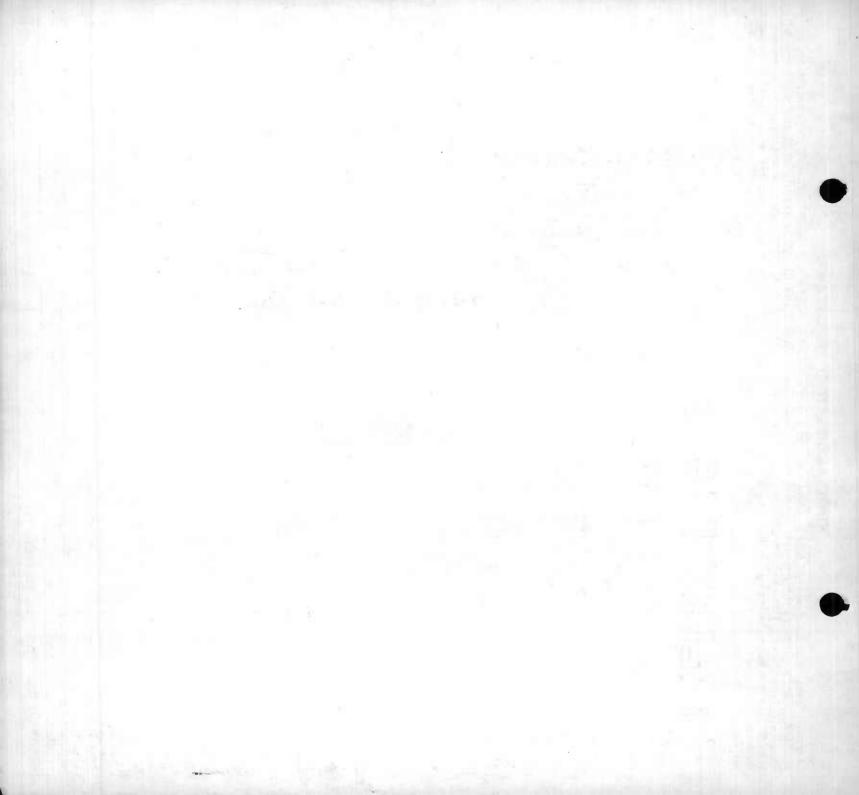
MEDICAL	EXAMINATER 5 C	EKTITICATE OF E	LA III most man	
M.E. CASE NO.		TO MARK AND	D HOUR PRONOUNCED DEA	
1. NAME OF DECEASED	E MILLO			
JAY CE			1, 1965	1:15 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	B. COUNTY	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland	. 11 1. 1. 0110.4.1	
FULL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN (If outside	corporate limits, write RURAL	and give township)
		Baltimore	10-	4/
1310 E. Eager Street		D. STREET ADDRESS (If rurol,	give location)	
		1310 E. Eag	ger Street	
	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   If Une	der 1 Yr. II Under 24 Hrs.
M-1-	ED, DIVORCED(specify)	7 0 7000	43	S Days   Hours   Min.
Mate Negro Se	OF BUSINESS OR INDUSTRY	Jan. 2. 1922		IZEN OF
done during most of working life, even if retired)			WE	AT COUNTRY?
Laborer 13. FATHER'S NAME		South Carolin	a	
13. PATRICK 3 NAME		14. MOTHER'S MAIDEN NAME		
Lattimore Mills		Lillie White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)		17. INFORMANT	ADDRI	:55
Yes WWIT		Lillie Alsto	. 2110 St Cle	in Tone
118.		OF DEATH	U VITTO DO OTS	INTERVAL BETWEEN
79/				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying	DILE TO	r Pneumonia.	***************************************	
heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	s e,			
ANTECENDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING T	NG DUE TO			
UNDERLYING CONDITION LAST.	(C)			
<u> </u>	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A AUTOPSY? (Yes of No)	20B. IF YES, WERE FINDINGS	CONSIDERED
WAS PERFORMED	JR WINCH O'EKAHON		IN CERTIFYING CAUSES OF	DEATH?
ZIA, EXTERNAL CAUSE WAS	DIR PLACE OF INITIRY (e.g.	in or obout 21C. WHERE DID	If in Boltimore City give exact	Yes
UNDERLYING OR CONTRIB-	nome, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	it in voluntoic only, give exoct	1000110117
UTING CAUSE OF DEATH.	16.0			
21D TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)	m. WHILE AT NOT AT W	WHILE O		
22.				
certify that I held an Inquiry	Inspection Au	topsy X and that an thi	s basis, death in my apln	lon
resulted from: Natural causes	Accident D Suicid	e Hamicide L	Indetermined manner 🗌	
		CHIEF MEDICAL EX	AMINER .	0.75 00050
ACTUAL () (, C)	1/5	ASSISTANT MEDICAL EX	AMINER A	DATE SIGNED
SIGNATURE CONTROL	M.D	ASSOCIATE MEDICAL EX	garage .	4/1/65
EXAMINER'S Charles	S. Petty, M.D.	ASSOCIATE MEDICAL EX	(AMI1421)	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LO	OCATION (City, town, o	r county) (Stote)
REMOVAL (Specify)	70 71 77 10		D-74- 363	
Burial 4/6/65	Balto Natio	onal Cemetery	Halto., Md.	ADDRESS
1000	n R. C. Z. n	1		
APR 8 1904 (R.	But E. talky	The William of	March 928 F	Manage
VS 151-REV. 1/1/65			MALLER WAS I	· north



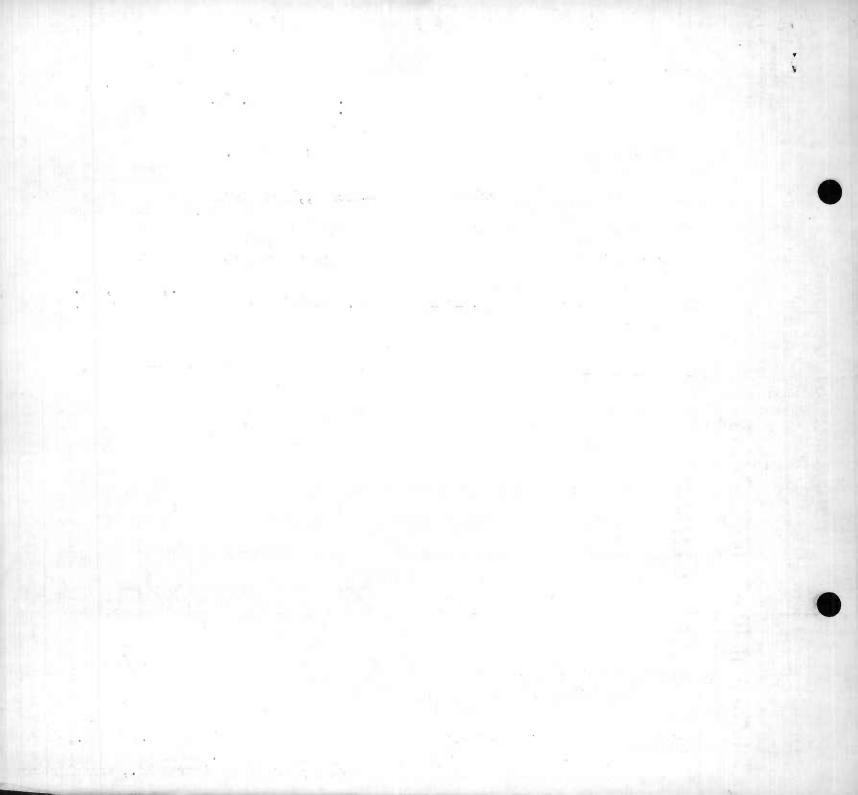
FULL HOSSINSTI	CE OF DEATH IN BALTIMORE, MAR  L NAME OF (If not in hospital or oddress or location)  This versity A  Baltimore	PYLAND  Or institution, give street  Hospital  Maryland  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (spo- M  10B. KIND OF BUSINESS OR INI  MARRIED HOW N  WHO WIDOWS OF THE STREET  106. SOCIAL	A. USUAL RESIDENCE (WA. STATE B. CO  C. CITY OR TOWN (IF  D. STREET ADDRESS  B. DATE OF BIRTH  City)	AND HOUR OF DEATH  Where deceosed fived if it outside city limits, write  Office (If rure), give location)    // // // // // // // // // // // // //	institution: residence before odmis
FULL HOSSINSTI	L NAME OF (If not in hospitol of oddress or location)  L NAME OF (If not in hospitol of oddress or location)  L NAME OF (If not in hospitol of oddress or location)  L NAME OF (If not in hospitol of oddress or location)  L NAME OF (If not in hospitol of oddress or location)  L NAME OF (If not in hospitol of oddress or location)  L NAME (If not in hospitol of oddress or location)  L NAME (If not in hospitol of oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)  L NAME (If not in hospitol oddress or location)	Maryland  Maryland  Maryland  Maryland  MONTON  MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spo	A. USUAL RESIDENCE (WA, STATE B. CO  C. CITY OR TOWN (IF  D. STREET ADDRESS  14/3  B. DATE OF BIRTH  NOV 10, 1890  DUSTRY 11. BIRTHPLACE (State of F	Nhere deceased fived, If in the substitution of the substitution o	RURAL ond give township  If Under 1 Yr. If Under 24  Months Days Hours M
FULL HOSSIINSTI	CE OF DEATH IN BALTIMORE, MAR  L NAME OF (If not in hospitol of oddress or location)  ITUTION  Baltimore  6. RACE  MUAL OCCUPATION (Give kind of work ring most of working life, even if retired)  HERS NAME  C YMS  Deceased Ever in U. S. Armed Forc of unknown) (If yes, give wor or dotes	Maryland  Maryland  Maryland  Maryland  MONTON  MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spo	A. USUAL RESIDENCE (WA, STATE B. CO  C. CITY OR TOWN (IF  D. STREET ADDRESS  14/3  B. DATE OF BIRTH  NOV 10, 1890  DUSTRY 11. BIRTHPLACE (State of F	Nhere deceased fived, If in the substitution of the substitution o	RURAL ond give township  If Under 1 Yr. If Under 24  Months Days Hours M
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OA. USI Jone dus 3. FAT	L NAME OF address or location of the state o	Maryland  Maryland  Maryland  Maryland  MONTON  MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spo	D. STREET ADDRESS  14/3  B. DATE OF BIRTH  NOV 10, 1890  DUSTRY 11. BIRTHPLACE (State of F	outsido city limits, write  (If rurol, give locotion)  /// E M  9. AGE (In yeors lost birthday)  foreign country)	RURAL ond give township  G +  If Under 1 Yr. If Under 24  Months Days Hours N
OA. USI Jone dus 3. FAT	Baltimore  6. RACE  Male Negrow  WAL OCCUPATION (Give kind of work ring most of working life, even if retired)  HERS NAME  Cyrus S  Deceased Ever in U. S. Armed Forc of unknown) (If yes, give wor or dotes	Hospital  Maryland  Married, Never Married  WIDOWED, DIVORCED (spo  M  10B. KIND OF BUSINESS OR INI  106 - Known	C. CITY OR TOWN (IF  D. STREET ADDRESS  1413  H. Coify)  B. DATE OF BIRTH  NOV 10, 1890  DUSTRY 11. BIRTHPLACE (State or F	outsido city limits, write  Ore (If rurol, give location)  /// Ke n  9. AGE (In years lost birthday)  foreign country)	G + A  If Under 1 Yr. If Under 24  Months Days Hours N  112. CITIZEN OF
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3. FAT	HERS NAME  C Y M S Sci Deceosed Ever in U. S. Armed Force or unknown) (If yes, give wer or detection)	Not Known			
3. FAT	HERS NAME  C Y M S Sc  Deceased Ever in U. S. Armed Force of unknown) (If yes, give wer or dotes	eoH	SOU FA CA	rolina	WHAI COUNTRY
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5. Wos Yes.no	Deceased Ever in U. S. Armed Force or unknown) (If yes, give wer or dotes	eoH	14. MOTHER'S MAIDEN		459
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		or service/ SECURITY NO	17. INFORMANT		ADDRESS
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	dech = 1 (2 - 1)		USE OF DEATH		INTERVAL BETWEEN
		ECT! V			ONSET AND DEATH
	DISEASE OR CONDITION DIRI				
	LEADING TO DEATH	(A)	Joknowa		
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	all failule, osthenia, etc. It means uly of complication which coused	1 0 1			
		dediti,	Frances often h	a ana a last	en known
	ANTECEDENT CAUSES	DUE	TO	77-07-07-07-07-	7-1
DI	SEASES OR CONDITIONS, if o	ny giving	Tever of unb		
	e to the obove cause (A)	stating the (C)	asteriorelevate	a Heart dead	ned unknown
UN	NDERLYING CONDITION lost.		1 (C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	- II			1	
z		ANTENDE	Chromic brain -	syndrome	
	THER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELAT	TED TO THE		V	
	SEASE OR CONDITION CAUSING IT		due to arter	welerous	2 years
19A		DITION FOR WHICH OPERATION	N 20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED
19 A	WAS PERF	ORMED	1/20	IN CERTIFYING CA	AUSES OF DEATH?
# O	ACCIDENT WAS UNDERLYING	018 81 4 07 07 4	7 E 3	01.0	
OP	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	hame, form, factory s	troet, office bldg., INJURY OCCUR?	? (If in Baltima	re City, give exact location)
< DE∕	ATH (notify modical examiner)	otc.)			
U					
	INJURY (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
>	PPROX.)	While At N	lot While		
101		Work L A	M Work		
22	I certify that (1) (this hospital)	attended the deceased from	m March 20	1965 in a	hry/ 5 10/
1.		A .	) po-	10	plantin lastronium 17 feb.
tha	at (1) (we) last saw the deceased	d alive an April	5 19 65 and	that in (my) (aur) ap	inian death accurred an the
	d haur and fram the causes state				
		22 230 4e+ (1) (11e) (010) (010	nul, view the bady after deat	114	
23A	SIGNATURE				23B. DATE SIGNED
	110-10-1 17	- / / / M.	D. Attending Med. Director	Stoff Phys.	Apr15,196:
	Harold C Sla	-deford "		rnys,	1,1/2, 2),16;
00.0	PHISICIANS	/	23 D. ADDRESS		
23 C	NAME (Type)	1 P - 1	M.D. 11	-1.11	- / /
23 C	NAME (Type)		M.D. Univers	sity HOS	potal
23 C	Harold C St.	andioid	OF CREATATORY	LOCATION IC	ity, town, as county) (Sta
23 C	Harold C St.	24C. NAME of CEMETERY	OF CREWATORT 24D	- LOCATION (C	ony, lowing or country? (310
RE	Harold C 51.  URIAL CREMATION, 24B. DATE  EMOVAL (Specify)				ony, town, or country) (31)
Bu	Harold C 54.  URIAL CREMATION, 24B. DATE  EMOVAL (Spocify)  A/10/65	Mt. Auburn	Cemetry	Baltimore Md	
Bu	Harold C 54.  URIAL CREMATION, 24B. DATE  EMOVAL (Spocify)  4/10/65  ATE REC'D BY HEALTH DEPT.	Mt. Auburn	Cemetry B	Saltimore Md	ADDRESS
Bu	Harold C 54.  URIAL CREMATION, 24B. DATE  EMOVAL (Spocify)  A/10/65		Cemetry B	Saltimore Md	



	BERTH NO. 65 3727 CEDTIFICATE OF DEATH Registered No. 65 3727
	M.E. CASE NO.
5 1	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
4 3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  1. USUAL RESIDENCE Where deceased lived. If institution: residence before a
1	A. STATE 8. COUNTY
ı	FULL NAME OF (If nat in haspital or institution, give street oddress or lacation)  (If outside city limits, write RURAL and give township)
	INSTITUTION
Y.	D. STREET ADDRESS (If rural, give location)
	13.27 W. Lombard St. 1327 W. Lombard St.
5	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 1 WIDQWED, DIVORCED (specify) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	male white married 3-1-1/67
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote at foreign country)  12. CITIZEN OF WHAT COUNTRY?
L	Name Operator med steel Mr. S. A.
II'	13. FATHER'S NAME
	Unknown Vukevicus Mary arasevicus
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates af service)  16. SOCIAL SECURITY NO.
1	. Yes WWI 216070568 Mis Mary Kecker - ale
	CAUSE OF DEATH INTERVAL BETWONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
1	(This does not mean the made of dying, e.g., DUE TO
ı	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
ŀ	ANTECEDENT CAUSES (8)
1	DISEASES OR CONDITIONS, if any, giving
1	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	194. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes at No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR?
	DEATH (natify medical examiner) etc.)
	21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)  While At Not While At Work
	22. I certify that (I) (this hospital) attended the deceased from 1964 to Chrif? 19
	that (I) (we) last saw the deceased alive an 4. 2 1965 and that in (my) (our) opinion death occurred an
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE
	Jeanluf In Kungal M.D. Attending And. Director Director Phys.
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	SIANLEY ANKUDAS M.D. 1802 W. Baltimore, Sollimon
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)
	Burial 4/19/65 moreland from tark Ean 2901 Taylor leve Jarkin
2	APR 8 1965 Roll Registrate 1250. FUNERAL DIRECTOR ADDRESS
L	The state of the state of the state of the
V	vs 150-REV. 1/1/65



NAME OF	DECEASED				2. DATE AN	ID HOUR OF DEAT	H	
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PLACE OF	DEATH IN BALTIMORE M	ARYLAND	120 / //	14. USUAL RESID		re deceased lived, II		
				A. STATE	8. COUN	ITY C		
FULL NAM			give street	Md.	Balt	0. 0.		
INSTITUTIO		Olly		C. GHY OR TO	WN (If au	tside city limits, writ	le RURAL and give	tawnshi
2				Piker	ville	rural, give location)	9 9	00
51	NA1 4051	VITAL		109 010	Court	Rd.		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF SIRT	TU	9. AGE (In years	If Under 1 Yr.	, If U
. JEA	o. RACE		D, DIVORCED (specily)	o. DAIL OF BIRI		last birthday)	Months Days	Hours
female	W CCUPATION (Give kind of wo	mar	ried	March 28	1908	57	110 0177711 0	
done during mo	st of working life, even if retired)			KI III. SIKIHPLACE	(State or fate	ign country)	12, CITIZEN C	
	es lady		ery dept	Balto			USA	
3. FATHER'S	NAME			14. MOTHER'S	MAIDEN NA	ME		
Fred	rick Thiele			Minn	nie Wil	heim		
5. Was Dece	ased Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT			ADD	RESS
Yes, na or unki	nown) (If yes, give wor or do	tes of service)	SECURITY NO.			Balto	., 21208,	Md.
no			218-22-2076		ricia G	raham 109		
18.	8101		CAUSE	OF DEATH				VAL BE
Di	SEASE OR CONDITION D	IRECTLY					01130	
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

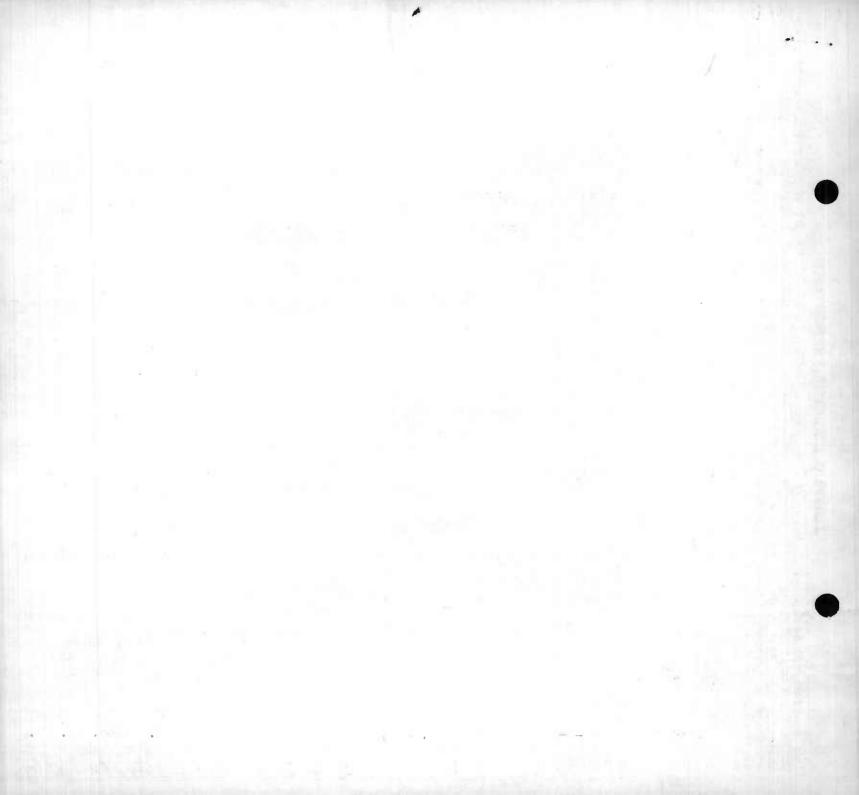
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BALTIMORE CITY HEALTH DEPARTMENT

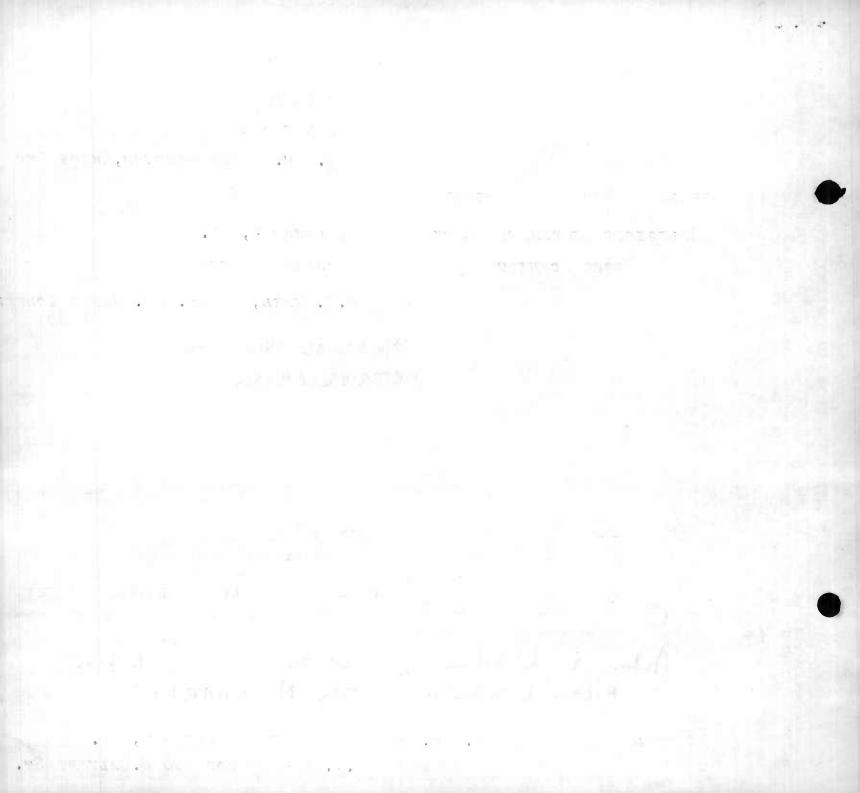
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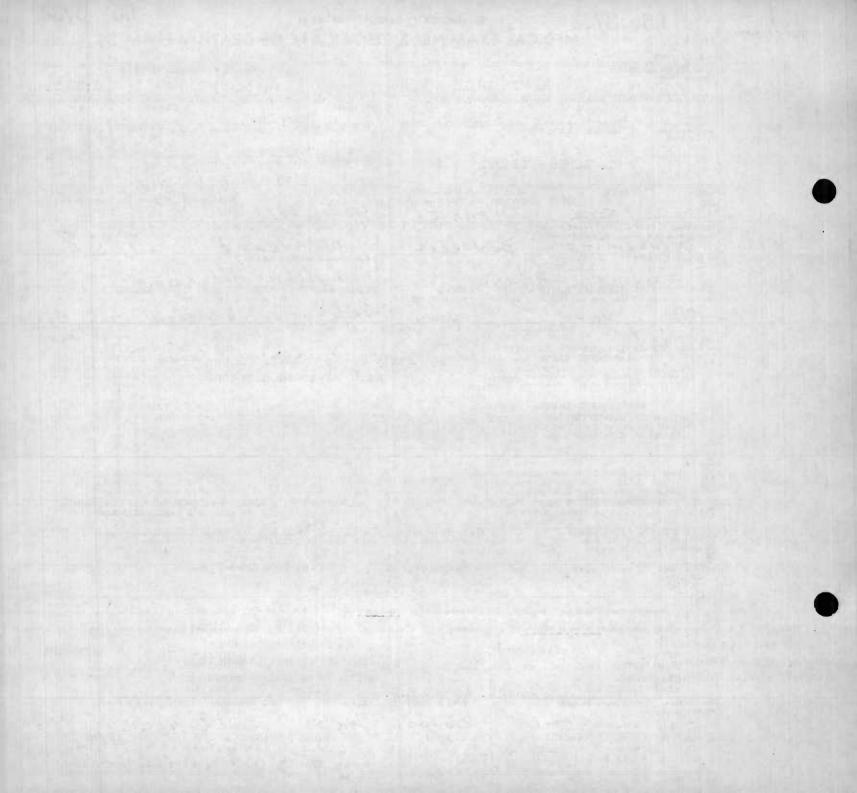
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3733

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATI	H Registered Na

BIRTH NO.	MEDI	CAL EXAM	HAEK 2 C	LKIIII	CATEON	DLA III Kegisik	1100 1101	
M.E. CASE NO.	054450				10.000		50.0540	
(Type or Print)		What I I was				D HOUR PRONOUNCE		3.20 D
2 DI ACCIDI DAL		YRTLE LURIE	DEAD	III HEHAL		il 5, 1965		2:30 P. M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	A. STATE		deceased lived. If ins B. CO	UNTY	. cetore comission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION,	GIVE STREET	C CITY C	Marylan	d e corporate limits, writ	a PIIPAL and ai	ve township)
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITT	K 10 WI WI OUISIG	e corporate initirs, with	J Comment	To to will street out
A CONTRACTOR					Baltimo		20	- 3
0	ST. AGNES	HOSPITAL		D. STREET	ADDRESS (If rurel,	, give lacation)		
						rest Hill A		
5. SEX	6. RACE	7. MARRIED, NEVER WIDOWED, DIVORC		8. DATE O	FBIRTH	9. AGE (In years lost birthday)	Months Doys	. If Under 24 Hrs I Hours , Min.
Female	White	MARR		SEPT	1,1910	54		
IOA. USUAL OCC	UPATION (Give kind of world			RY 11. BIRTHP	ACE (State or foreig		12. CITIZEN O	
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13. FATHER'S NAM		20 722	,,,	14. MOTH	R'S MAIDEN NAM	E	14.5	VH
FI		1 /		/	iLLie	11. 1	~ /	
	ED EVER IN U.S. ARMED	FORCES? 16.50 C	CIAL	17. INFORM	ANT	MARSO	ADDRESS	
(Yes, na ar unknawn	(If yes, give war ar date	s of service) SEC	URITY NO.	1 1	/	-		
No	NONE	N	ION 5	MARCH	LURIE	1630 For	est Hil	L Ave
18.	7.0			E OF DEAT	Н			ERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTIV					ONS	ET AND DEATH
Dista	LEADING TO DEATH	RECIEI	(A) Fatt	tv meta	morphosis	of the live:	r	
(This does	not mean the made of	dying, e.g., the discose,	DUE TO		dvanced ci			
injury or ca	, asthenio, etc. It means implication which caused	de oth.)						
	ANTECENDENT CAUSE	s						
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO					
	HE ABOVE CAUSE (A) S'	TATING THE						
			(C)					
은	11			TULL				
	NIFICANT CONDITIONS							
DISEASE O	DEATH BUT NOT RE							
M 19A. DATE OF	F OPERATION 198, CON		OPERATION	20A. AL	TOPSY? (Yes or No)	208. IF YES, WERE F		
O	WAS PER	FORMED			Yes	IN CERTIFYING CAU	Yes	
	L CAUSE WAS	21B. PLACE	OF INJURY (e.g.	, in ar about	21C. WHERE DID	(If in Baltimore City, g		n)
	□OR CONTRIB- JSE OF DEATH.	etc.)	toctory, street,	office bldg.,	NJURY OCCUR?			
E 21 D TIME	(AAN) (D- ) (V	) (Haur) 21E. INJ	URY OCCURRED		IF. HOW DID INJ	LIBY OCCILB?		
OF INJURY	(Manth) (Doy) (Yea				ZIF. HOW DID ING	OKI OCCUR:		
(APPROX.)		m. WHILE A	AT AT	WHILE	2			
22.	tify that I held an I	nauiry   Insne	ection A	utapsy X	and that an th	is basis, death in	my aninian	
resu	Ited fram: Natural ca	uses X Acciden	suicl	_		Undetermined mann	er	
ACTUA	. ///	- 111			EF MEDICAL EX		D.	ATE SIGNED
SIGNAT		2. Holar	Me I	D. ASSISTA	NT MEDICAL EX	KAMINERK		
EXAMIN	NER'S				TE MEDICAL E	XAMINER	4	4-6-65
NAME (		John E. Ada	ams M.D.	- CDF144	ny loop i	OCATION (City	town or count	(Stote)
REMOVAL (Specif	(y)		1		1/		, tawn, or county	(31016)
BURI	AL 4-9-	65 L	oudon,	TAR	1	BALTIM	ORE,	Md
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REG	ISTRAR	24C.		ab Huner		ESS
	ADD 9 1065	Robert E.	Jarber M.A	5	co. L. Jehre	A G TUNER	0:0	1.6
		Theory -	010	11/2	andes W. (M)	jeller 2101/7	redeller	cive,
V\$ 151-REV. 1/1/	/65			0				



IMPORTANI

DIRECTOR:

FUNERAL

4200	65 3735 BALTIMORE CITY HEAD	ERTIFICATE OF DEATH Registered No. 65 3735
FIF	M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) GEORGE H. HAAS	April 5, 1965 9:45 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits write RURAL and give township)  Baltimore
	BALTIMORE CITY HOSPITALS	D. STREET ADDRESS IIf rurel, give locosion)  1517 S. Clinton Street
	5. SEX Male  6. RACE White  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys   Hours   Min.    FEB. 21,1913
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) LONG SHOREIM AN	MD. WHAT COUNTRY?
1	WILLIAM HAAS	LULA YEAGER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  VES  WW 2  16. SOCIAL SECURITY NO.	LULA HOFFMAN 15175. CLINTON ST.
	18. CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		iosclerotic cardiovascular disease
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21 A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 B, PLACE OF INJURY (e.g., home, form, fociory, street, etc.)	in or about 21C, WHERE DID (If in Baltimore City, give exact location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	22. I certify that I held an Inquiry Inspection Au	tapsy and that an this basis, death in my apinian
	resulted fram: Natural causes X Accident Suicid	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE SIGNATURE M.D	ACCICTANT DEDICAL EVAUNED A
	NAME (Type)  John E. Adams, M.D.  23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)  23C. NAME of CEMETERY (	OT CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	BURIAL HPR. 9, 1965 OAK LA	WN BALTO. CO. MD.
	APR 8 1965 Robert E. Farlyma	Ben Hoffmann 3218 HUDSON ST.
	VS 151-REV. 1/1/65	

ETH TENED FEET 1913 LINE SHORTHING WILL WALLEY SANT SANT WAITING BURGEL MERCHES CAR JAUN BROTE CO. Latelline 3218 Horas

Course of Death Meneralized metableses Carainome according Letter Soformation from query letter to Herry Hosple Filed in Poit file-Bur of Biostatistics - American Blog. 3/4/65 Fe

23C. NAME of CEMETERY or CREMATORY

24B. NAME OF REGISTRAR

ACTUAL

23A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) Rudiger Breitenecker

CHIEF MEDICAL EXAMINER

23D. LOCATION

A.D. ASSISTANT MEDICAL EXAMINER

240. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

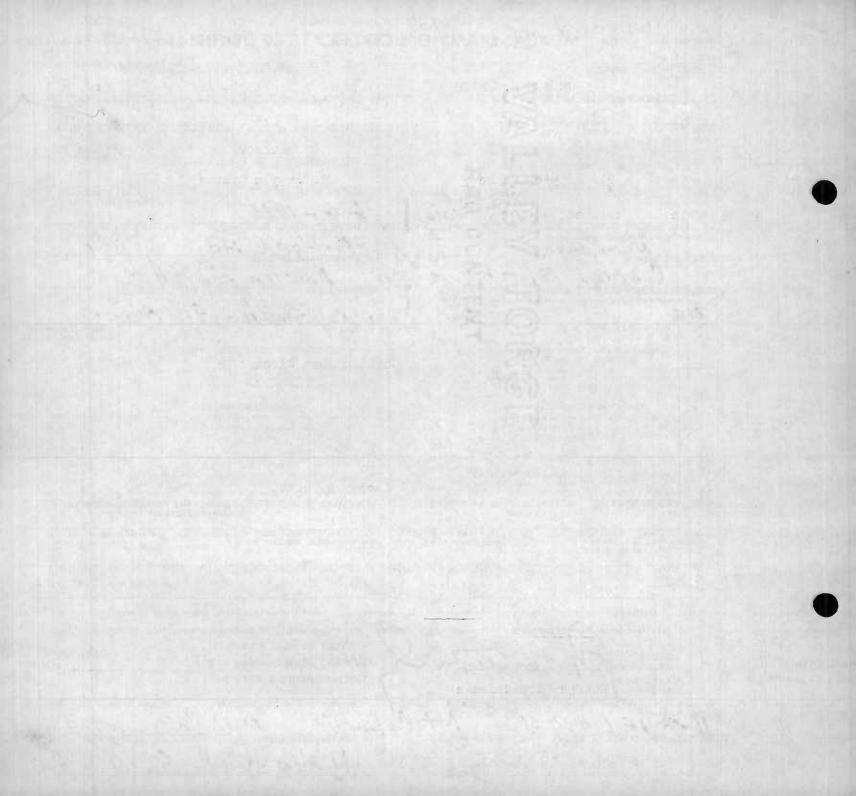
DATE SIGNED

(Stote)

4-3-65

ADDRESS

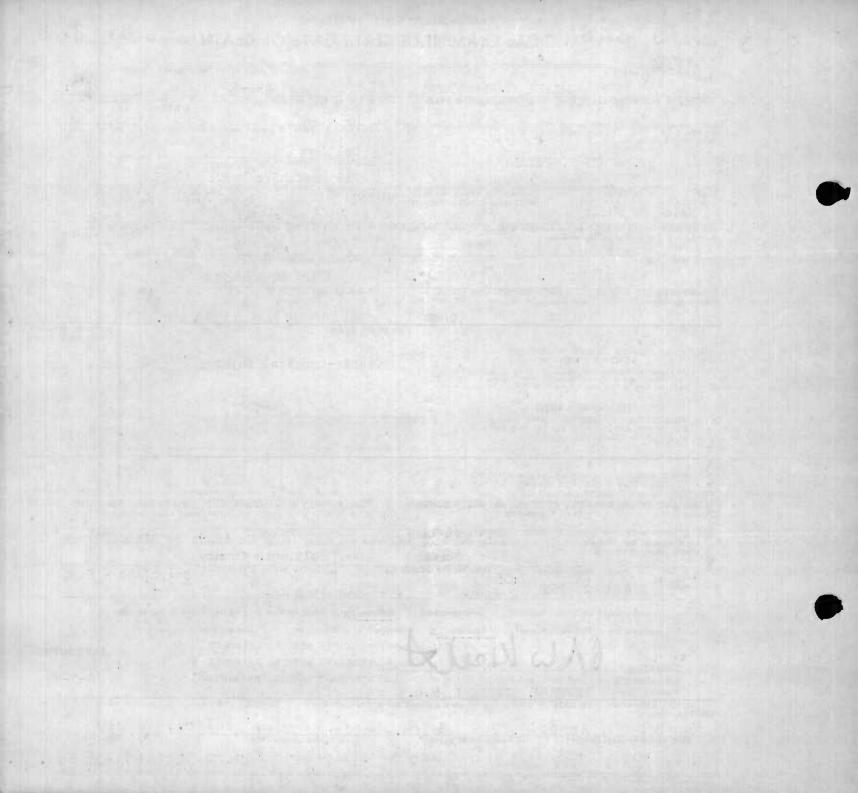
(City, town, or county)



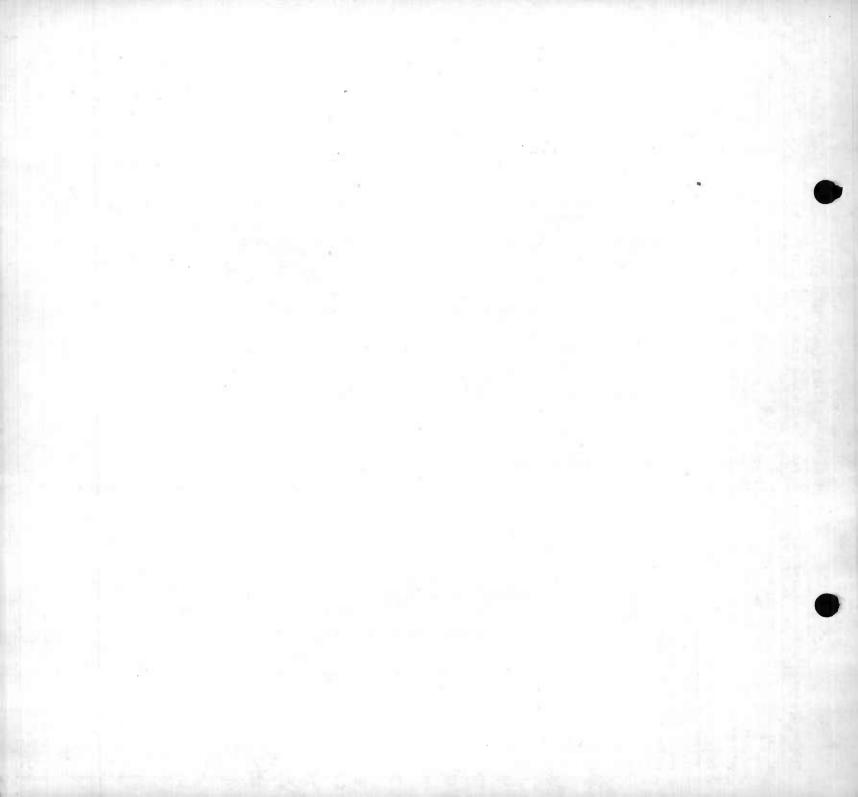
Sterling Funeral Estate 1736 Edm. Au

1	BALTIMORE CITY HEALTH DEPARTMENT	
E 535	BIRTH NO.65 3738 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.65	3738
1 000	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD	
	WALTER A. FOUNTAIN III 4-5-65	7:10P <sub>M</sub> .
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: resident A. STATE  B. COUNTY	ce before odmission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  WARY Land  C. CITY OR TOWN (If autside carporote limits, write RURAL and C. CITY OR TOWN)	give to waship)
40	ST. AGNES HOSPITAL  Baltimore  D. STREET ADDRESS (If rural, give location)	700
	716 Eastshire Drive 20228	
	WIDOWED DIVORCED(specify)   lost birthdoy)   Months   Do	Yr. If Under 24 Hrs.
	Male White single August 30,1956 8	
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry)	OF COUNTRY?
	done during most of working life, even if retired) none Baltimore, Maryland USA	
	13. FATHER'S NAME	N
	Walter A. Fountain Jr. Marian Abbott	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	
Lagran Mill St.	no none none Walter A. Fountain Jr. 716	Eastshire
	IB. CAUSE OF DEATH	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	NOTE AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO	
	(This does not meen the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It means the disease, injury ar camplication which coused deoth.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DIE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(c)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	O THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CON	
	WAS PERFORMED	
	Z1A. EXTERNAL CAUSE WAS  21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID If in Bultimore City give exact loc blog. INJURY OCCUR? IN ITONIC OF BIOOMS!	bury Ave.,
	UTING CAUSE OF DEATH. Street Baltimore County	3-00
	21D TIME (Month) (Doy) (Yeor) (How) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Bicyclist	- Struck
	(APPROX.) 4 2 65 pm. WHILE AT NOT WHILE by auto.	
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	
	resulted from: Notural couses Accident X   Suicide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S ASSOCIATE MEDICAL EXAMINERX	4-5-65
The second second	NAME (Type) PETER W. RIECKERT, M.D.	(5 )
	23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or countries of CEMETERY)	
	Burial April 8,1965 Balto. National Comt Balto., Maryl	and

VS 151-REV. 1/1/65



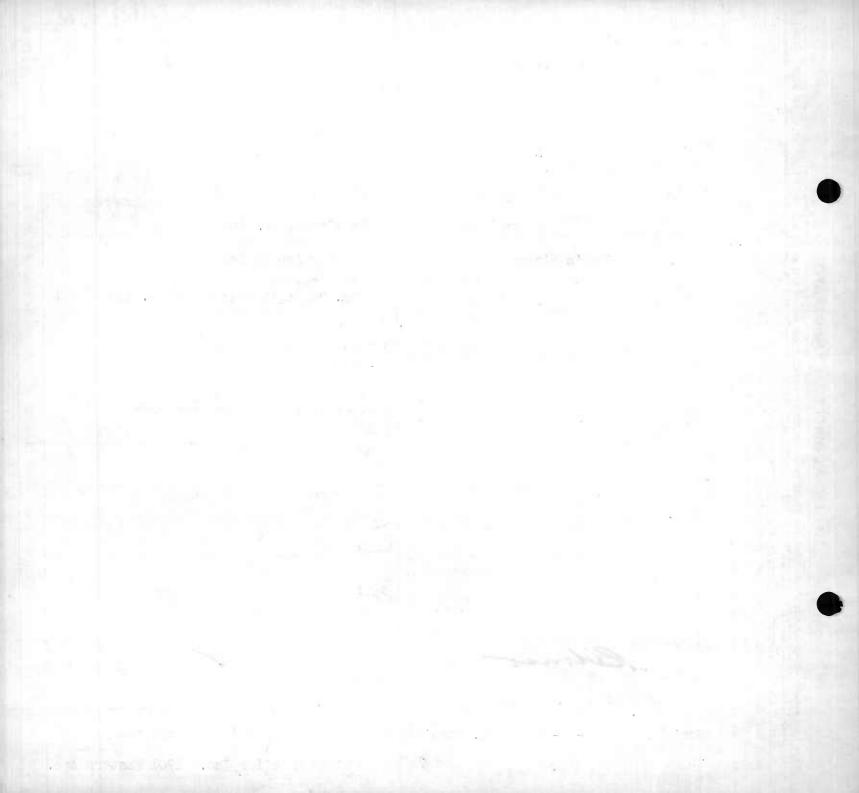
BALTIMORE CITY HEALTH DEPARTMENT	C.
BIRTH NO. 65-07885 65 3739 CERTIFICATE OF DEATH Registered No. —	65 3733
1. NAME OF DECEASED (Type or Print) (1) CEFO, BALL, BOY (Type or Print) (1) CEFO, BALL, BOY (1) CEFO, BOY (1)	450 AM.
FULL NAME OF (If not in haspital or institution, give street address or location)  INSTITUTION  (If outside city limits, write RUI	
Mapa, Hospital. D. STREET ADDRESS, (If rurol, give Ibcotion)	iers Ave
m w 3-29-65	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
done during most of working life, even if retired)	WHAT COUNTRY?
PASQUALC CICERO Theresa GR	reco
Hospital	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)  Commaturity	INTERVAL BETWEEN ONSET AND DEATH LLL
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
	city, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceosed fram	
	an death accurred on the date
	38. DATE SIGNED
M.D. Allending Med. Director Phys.	3/24/65
23C. PHYSICIAN'S NAME (Type Willard, E. STAndiford M.D. 23D. ADDRESS	
SEMOVAL (Specify)	town, or county) (Stote)
25A. DATE REC'D BY HEAVIH DEPT. 25B. NAME OF REGISTRAS 25C. FUNERAL DIRECTOR,	ADDRESS
APR 8 1965 Release & Jaken Frank Janell	Milleridle & MX
	RETURN O. 65-07885 65 3739 CERTIFICATE OF DEATH  Registered No.  M. CALE OF CHAPTE IN PROPERTY OF THE STATE OF DEATH  Registered No.  J. PARCE OF DEATH IN BALTIMOSE, MARKITAND  FULL NAME OF  (If not in hospital or institution, give steel odders) or incellusing odders or incellusing odd



Note to the second The same a size of the contract of the contrac 

DIRECTOR:

FUNERAL

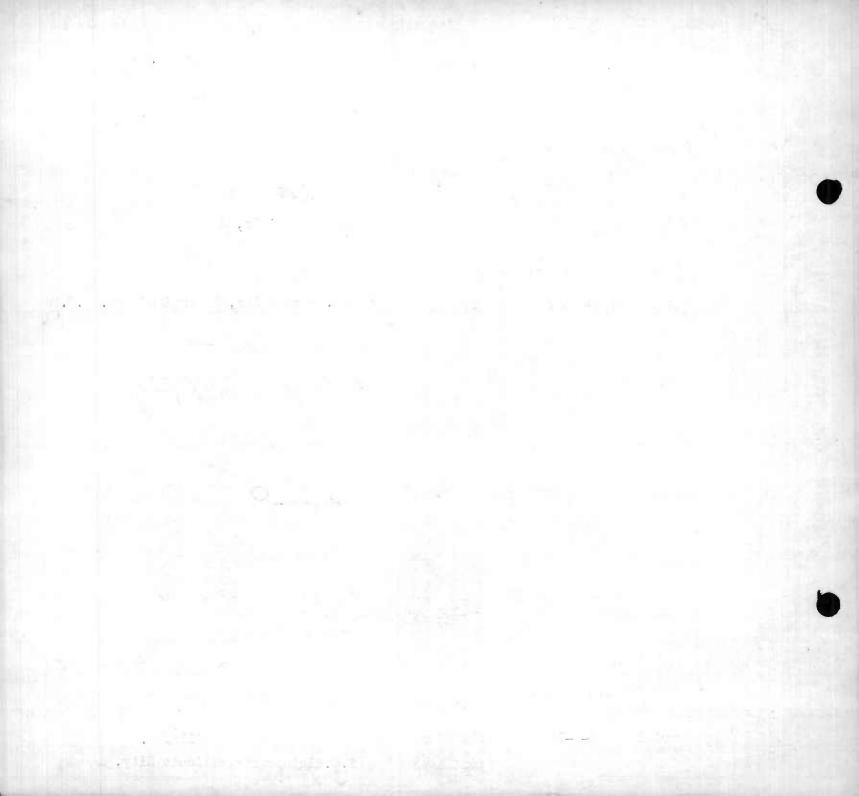


FUNERAL DIRECTOR:

through some display in finalizable transmission to the said mulation P. - mary Ebema GVDGA MI galdinath 214 J. HOWBED LOTZ Charck Home Hosp.

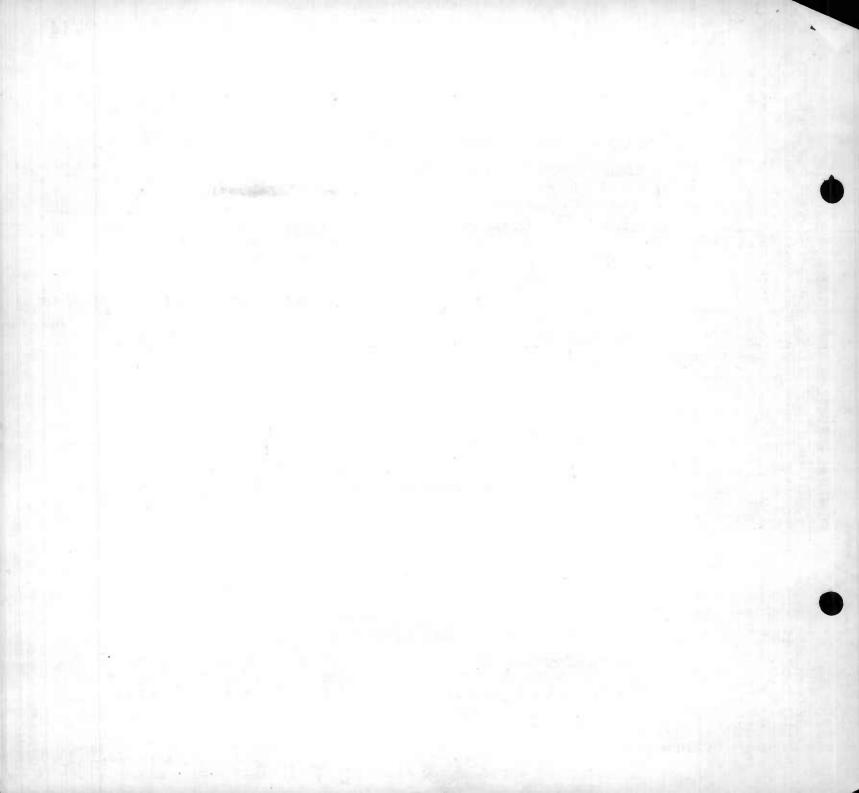
)		BALTIMORE CITY H	HEALTH DEPARTMENT		OF OPIN
	тн но. 65 3743	CERTIFICAT	E OF DEATH	Registered Na.	65 3743
	E CASE NO.	1	2. DATE A	NO HOUR OF DEATH	
(Ty	pe or Print) WILES, WILBUR	1	11	40 4-6	-651 P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		nstitution; residence before
			A. STATE B. COUN		
	FULL NAME OF (If not in hospital or institution, give oddross or location)	streot	MID	Howard	
	NSTITUTION		C. CITY OR TOWN (If ou	0 1	RURAL and give township)
4	D C		CLMCOTT	(174 -	ADGEORO COOKSE
1	BON SECOURS 1+05PITI	AL		rurol, give location)	1
			1	YKAND	1702.
	6. RACE 7, MARRIED, NEV	VER MARRIED  IVORCED (specify)	. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Months Doys Hours
1	TARZ W MAR	R18D.	3/29/20	45	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	1 BIRTHPIACE (Stoto or fore		12. CITIZEN OF WHAT COUNTRY?
001	MAR AGITER		XXXXXX Danie	3,Md	1/54
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME	0011
				1	
3.6	WILES WILBUR		CSTHE	ER GRE	
(Ye	Was Deceased Ever in U. S. Armod Forces? 16. s,no or unknown) (If yes, give wer or detes of service)	SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
	125 NW 11 2	17-11-0439	Mrs. Grace Wil	Les.45 Mary]	and Ave. E.C.
	18. / O 2 Y I	CAUSE OF			INTERVAL BETY
	DISEASE OR CONDITION DIRECTLY				ONSET AND D
	LEADING TO DEATH	(1)	Inemia a	lue to	
	(This does not mean the made of dying, e.g., heart failure, asthonia, etc. It means the disease,	DUE TO	Ada-Manasahannon		•
	injury ar camplication which caused death.)		0 1	10-1	2 .
	ANTECEDENT CAUSES	(B)	hidney a	men fife l	en Cy
	DISEASES OR CONDITIONS, if any, giving	DUE TO		0	N
	rise to the abave cause (A) stating the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0000a 000 a 0000000 a a a a a a a a a a	
	UNDERLYING CONDITION Iosi.				
z	OTHER SIGNIFICANT CONTRIBUTING				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
CA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes of N	208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		refuse	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimor	re City, give exact location
	OR CONTRIBUTING CAUSE OF homo, for call (notify modical examines)	orm, foctory, street, offic	or obout 21C. WHERE DID to bldg., INJURY OCCUR?		
S	OLD TARE (AM ALL AND A		015		
MEDI	OF INJURY (Month) (Doy) (Yeer) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
<	(APPROX.) While A	Not While			
	22. I certify that (I) (this hospital) attended the d	eceased fram	3/3/	19 65 to 4	1-6-1
	that (I) (we) last saw the deceased alive an lo	Yo ALOV	6 19 6 5 and 11		
		PM			death decomed o
	and haur and from the causes stated abave. (I) (W	e) (did) (did nat) vie	ew the body after death.		loop DATE COLOR
	23M. SIGNATURE	d 115 A	ding - AA-d -	Stoff -	23B. DATE SIGNED
	Ull m. f weed a	M.D. Attend	ding Mod. Director	Stoff Phys.	7/6/6
	23C.PHYSICIAN'S NAME (Typo)	23	D. ADDRESS		
	DR.M.T. AMTA	) M.D.	BON-50	Cours	HOSPITA
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY OF CREM	MATORY 24D. L	OCATION	ity, town, or county)
	REMOVAL (Specify)		100		
		e View		kland Mills,	
25/	-   ^ - /	EGISTAAR D. H.D.	F.C. Higinbot		ADDRESS
	APR 8 1965 Ololeut	1 days	T. O. WISTIPOC	TOWN TITTEOU	O OLOJ JIKA
S	150-REV. 1/1/65	ett.	0 / 1		

FUNERAL DIRECTOR: IMPORTANT



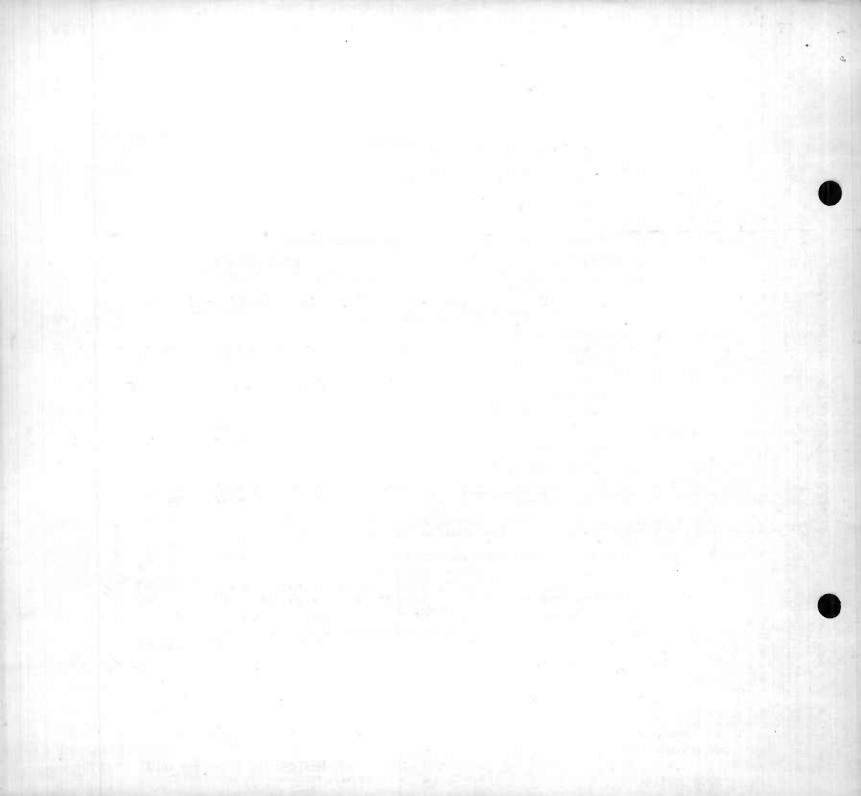
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

63 500				
M.E. CASE NO. 5 3744	CERTIFICA	TE OF DEATH	Registered Na	65 3744
Type or Print)	1.000	2. DATE AN	D HOUR OF DEATH	8-11-5
7/14 210	911616	4-	5-65	10p; 401
PLACE OF DEATH IN BALTIMORE, MARYLAND	3	4. USUAL RESIDENCE (When	a daceased lived. If ins TY	titutian: residence bafare admissi
FULL NAME OF (If not in haspital or institu	tion, give straet	treamy lo	Jane	17-12
HOSPITAL OR oddrass or location) INSTITUTION	, 6		side city limits, write R	URAL one give township)
2	10	Baltine	re	
Ly wear Host	utal	D. STREET ADDRESS (If	rural, give location)	_
0		3612 W	. Garria	on aux
S. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I Months: Days Hours Min
1	OWED, DIVORGED (SPECIFY) NEVER MARRIED		74	Months Days Hours Min
DA. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stota or fores		12. CITIZEN OF
ane during most of warking life, even if retired)				WHAT COUNTRY?
TAILORING LAD	IES CLOTHES	RUSSIA		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
UNKNOWN		UNKNOWN		
. Was Deceased Eyer in U. S. Armad Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor ar dates of serv	SECURITY NO.	Uno prooff of	10011111 0111	
NO		MRS. BESSIE GI	ASSMAN 3612	W GARRISON AVE
18. 4.20,11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A	1 11 000	1800	
LEADING TO DEATH	(A) [-]	cute Myocar	dial pupe	notion
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc				
injury or camplication which caused death.)	11	MINAGA		
ANTECEDENT CAUSES	(B)	MSCUY		**************************************
	DUE TO			
DISEASES OR CONDITIONS if any of	ivina			
DISEASES OR CONDITIONS, if any, gi	iving Ihe (C)			
DISEASES OR CONDITIONS, if any, girise to the obave cause (A) stating UNDERLYING CONDITION last.	iving Ihe (C)			
rise to the obave cause (A) stating	iving The (C)	1 2		
rise to the obave cause (A) stating UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBE	UTING TO DE DAMA	ng Azalea	wa	
rise to the obave cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING In ereasing	1,00,100	wa	
rise to the obave cause (A) stating UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 195. CONDITION I	UTING In ereasing	19 AZDEO	208. IF YES, WERE FI	INDINGS CONSIDERED
rise to the obave cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194-DATE OF OPERATION 195. CONDITION IN WAS PERFORMED	UTING IN CLOSIA FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
VOLUME OF THE PROPERTY OF THE PROPERTY OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  10 THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  119A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED	UTING IN CLOSIA FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
or contributing   Cause of    In the condition    Other significant conditions contribution    Other significant conditions contribution    Other significant conditions contribution    Other significant conditions contribution    Other significant conditions    Other significant condit	UTING In ereasing	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
TISE TO THE OBOVE COUSE (A) Stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	UTING THE FOR WHICH OPERATION  21B, PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)	20A. AUTOPSY? (Yes or No	(If in Boltimore	SES OF DEATH?
TISE TO THE OBOVE CAUSE (A) Stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21D. TIME (Month) (Day) (Yaor) (Haur)	THE TO CLOSIA  THE TO CLOSIA  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 20A. AUTOPSY? (Yes or No 21F. HOW DID INJ	(If in Boltimore	SES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 65 3745 M.E. CASE NO.	CERTIFICA	TE OF DEATH Register	ed No. 65 3745
1. NAME OF DECEASED WILLIAM (Type or Print) Hyman ZE		2. DATE AND HOUR OF	
3. PLACE OF DEATH IN BALTIMORE MARYLA		4/6/65	ved. If institution: residence before admission
FULL NAME OF HOSPITAL OR oddress or location)  (If not in hospital or ins oddress or location)  (INSTITUTION  (INSTITUTION  (INAL   HOSPITAL OR INSTITUTION)	titution, give street	A, STATE B, COUNTY MD. C. CITY OR TOWN (If outside city limit 544 4 Nulson A D. STREET ADDRESS (If rurol, give local	s, write RORAL and give township)
MALE White "	MARRIED, NEVER MARRIED (IDOWED, DIVORCED (Specify)  MARRIED  MARRIED	B. DATE OF BIRTH  9. AGE (In you lost birthdoy)  4/13/21  43	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 & one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Country)	12. CITIZEN OF WHAT COUNTRY?
INSURANCE	SALESMAN	NEW YORK	USA
3. FATHER'S NAME	SALESMAN	14. MOTHERS MAIDEN NAME	ush
MAX ZEMEL		DORA RUTHSTE	IN
5. Was Deceased Ever in U. S. Armed Forces? fes, no appearant of the feet of WW 2 ARMY	16. SOCIAL SECURITY NO. 218-26-8625	MRS. MILDRED ZEMEL 54	ADDRESS 414 NELSON AVE
18.200,01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH  (This does not mean the made of dyin heart failure, asthenia, etc. It means the injury or camplication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the abave couse (A) state UNDERLYING CONDITION last,	g, e.g., disease, h.)  (B)  DUE TO  Giving	TICUCUM CECL CGRAVATED BY MYOCARPIAL	
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	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No. 20B. IF YES	WERE FINDINGS CONSIDERED
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Perardo M. YX 23C. PHYSICIANS NAME (Type) GERARDO M.		23D. ADDRESS (1) A - 148 - 20 TA	
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BURIAL 4/7/65	SWINICKER BENEV		
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 8 1955 02	Land C. Buchies	SOL LEVINSON & BROS.	INC. 6010 REISTERSTOWN
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DIRECTOR:

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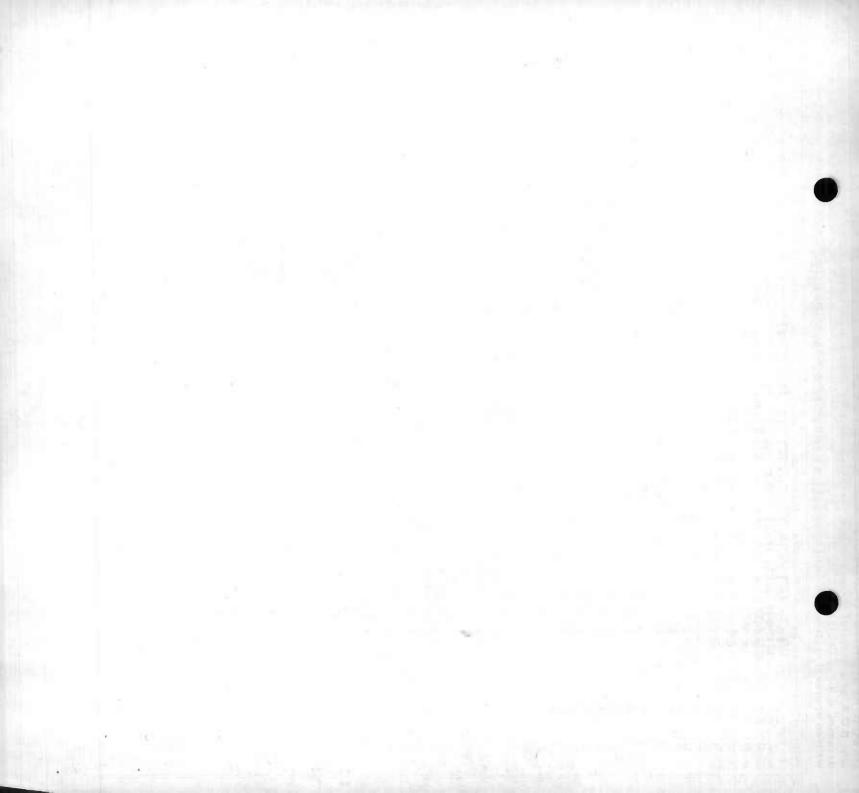
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BALTIMORE CITY HEALTH DEPARTMENT



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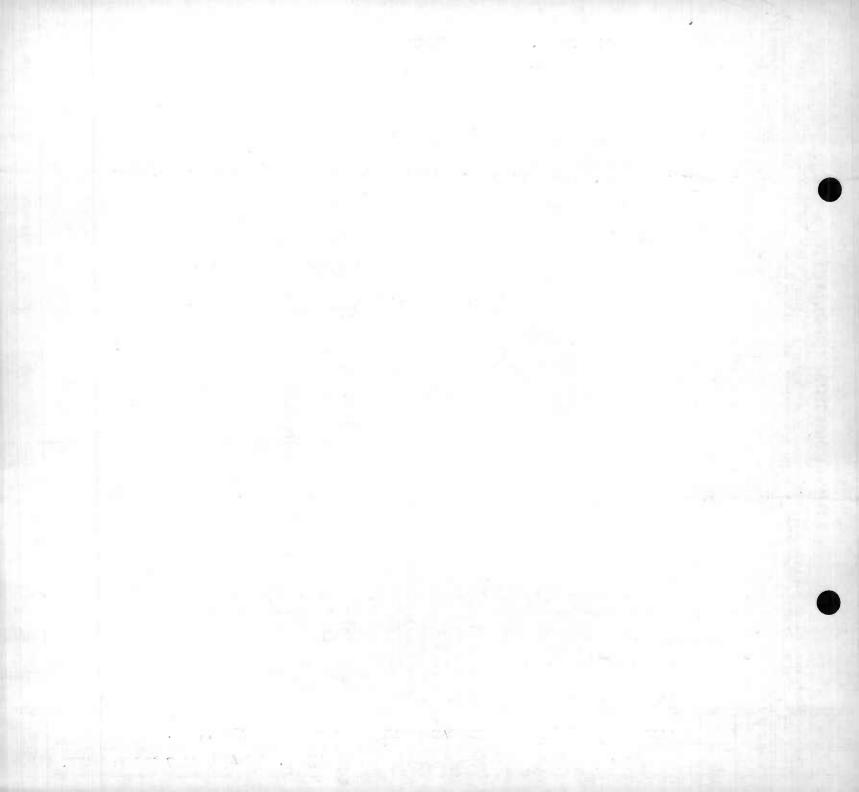
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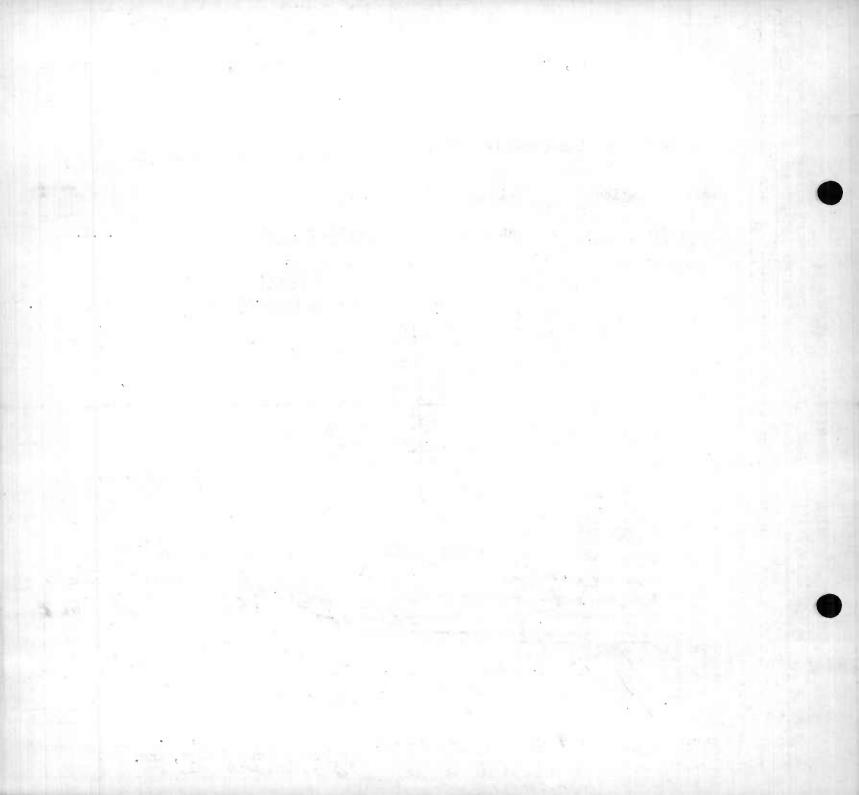
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DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Ellsworth NORMAN FADER April 6, 1965 Im 2:07 P.M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Marvland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION INSTITUTION Baltimore ST. JOSEPH HOSPITAL D. STREET ADDRESS (If rurol, give location) 5919 Benton Heights Ave. 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH WIDO WED, DIVORCED (specify) lost birthdoy! Male White 42 9/5/22 married 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Painter-carpenter Baltimore, Md. self-employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Vogel Robert Fader 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 215-18-6109 W.W.2 - army Marjorie Smith Fader, wife, above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gastro-intestinal hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) esophageal varices ANTECENDENT CAUSES (B) Advanced cirrhosis of the liver with DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO fatty metamorphosis RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **IFICATION** Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Doy) (Yeor) 21 E. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. I certify that I held an Inquiry ... Inspection Autopsy X and that an this basis, death in my apinian resulted from: Natural causes X Suicide Hamicide Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 4-6-65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) John E. Adams, M.D. 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4/9/65 Baltimore, Md. Burial Balto. Nat. Cem.

VS 151-REV. 1/1/65

3331 Brehms Lane

Schimunek Funeral Home.

248, NAME OF REGISTRAR

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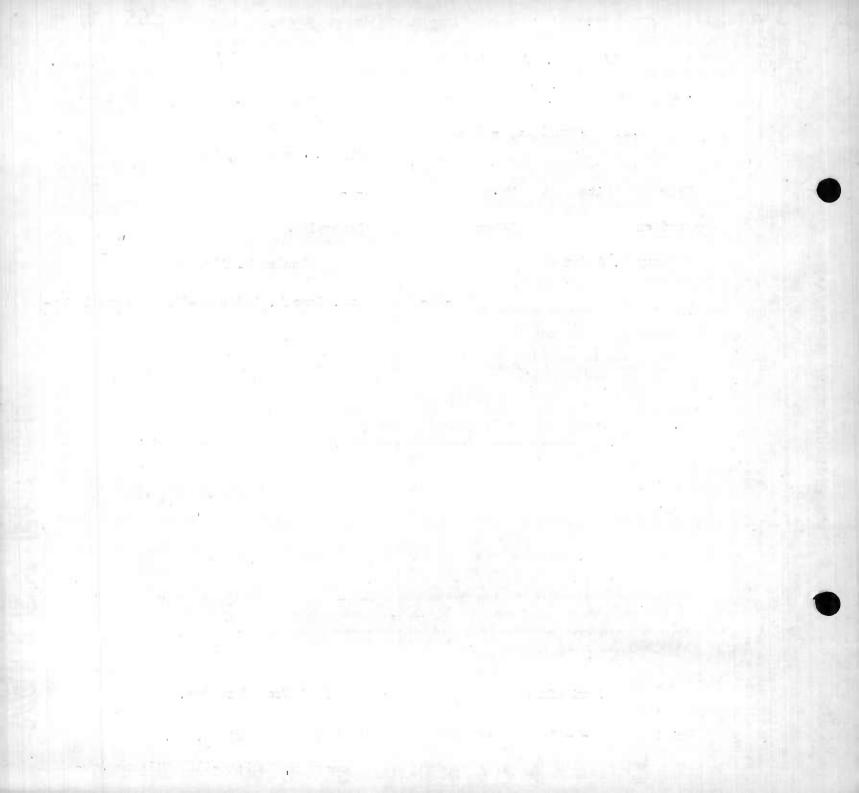
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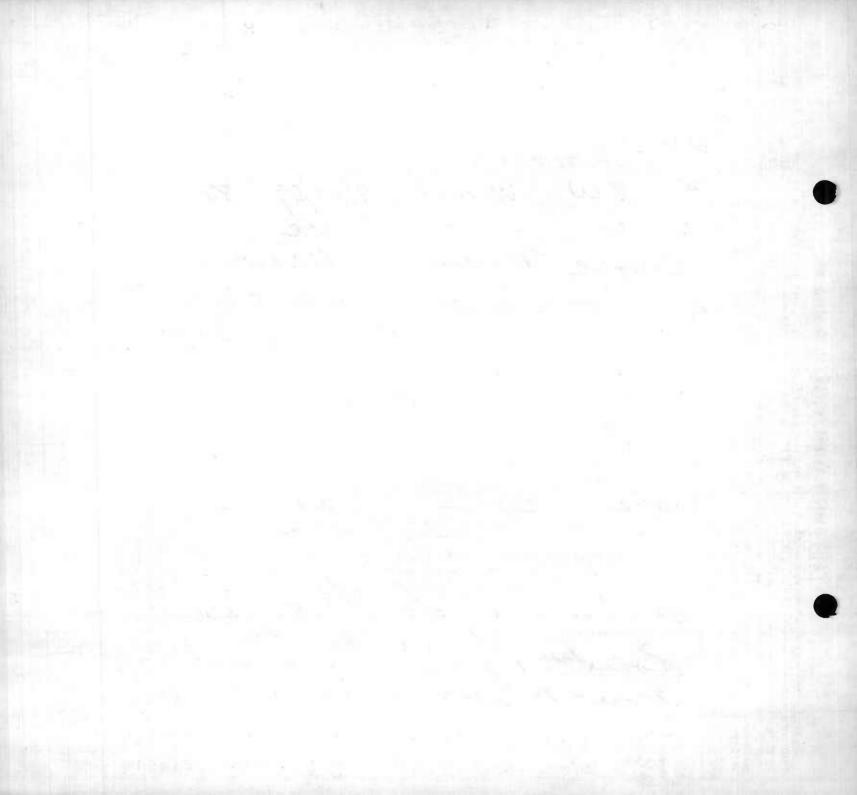
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FUNERAL DIRECTOR:

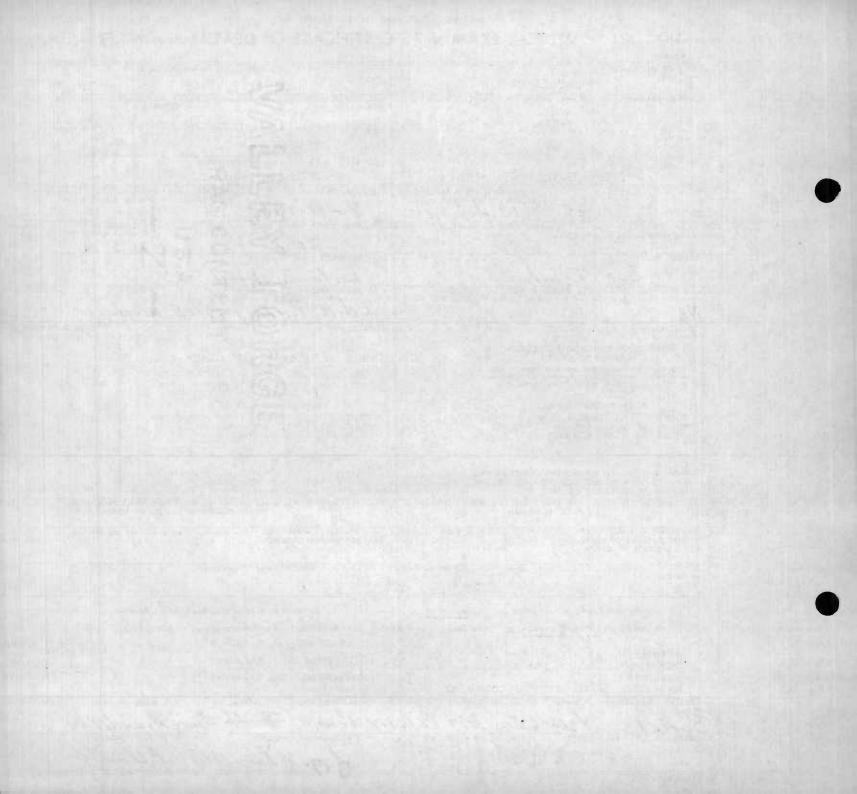
1, NAME OF DECEASED (Type or Print)  LIADDY C ANDEDCON					2. DATE AND HOUR OF DEATH		
3. P	HARRY C. ANDERSON				A USUAL PESIDENCE IW	4/6/65	7:05 a.
FULL NAME OF HOSPITAL OR INSTITUTION  1155 Quantril Way -21205			A. STATE  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  1155 Quantril Way, 21205				
5, SI	FY	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under :
	SEX  Male  White  Married  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU			o, DIVORCED (specily)	4-5-08    STRY   1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF		
-	during most of	working lile, even if setired)	Labo	r	Pennsylvania	WHAT COUNTRY?	
	FATHER'S NAM		Labo		14. MOTHER'S MAIDEN N	IAME	
	Harr	y C. Anderson			Beu1al	h M. Alters	
5. V	Vos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
163	, no or unknown	yes, give wor or date	s of service)	219-05-5139	Mrs. Trma W.	Anderson-115	5 Quantril Way-
	18. 1 9 9	2		1	OF DEATH	113	INTERVAL BETWEE
	heart failure	asihenia ele il meane					
NO	DISEASES OF THE PROPERTY OF T	asthenia, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.	death.)  any, giving stating the	(B) UI DUE TO (C)	rebral hemisphendetermined		
ATI	DISEASES OF THE PROPERTY OF THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) is CONDITION last.	death.)  any, giving stating the CONTRIBUTION TO THE TO THE TO THE TRANSPORT OF THE CONTRIBUTION FOR THE CONTRIBUT	(B) UI DUE TO (C)	ndetermined		FINDINGS CONSIDERED
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## BALTIMORE CITY HEALTH DEPARTMENT BIRTH N65 3755 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 3755

M.E. CASE NO.	00 0700			
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
SOPHIA PINKNEY	April 7, 1965   12:01 p M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF . (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland			
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carporate limits, write RURAL and give township)			
	Baltimore			
2	D. STREET ADDRESS (If rurol, give location)			
Johns Hopkins Hospital	1910 E. Madison St.			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED(Specify)	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Months, Days, Haurs, Min.			
female colored Widowed	8-11-1905 59			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
dane during mast of working life, even if retired)	WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO.	THE CONTRACT			
No	Lula Jackson  17. INFORMANT  Edith Pinkney 1910E Madison St.			
18. 174 X . CA	USE OF DEATH INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH (A) Car	rcinoma of uterus with metastases			
(This does not mean the made of dying, e.g., heart failure, asthenta, etc. It means the disease, injury or complication which coused death.)				
ANTECONDENT CALISES				
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
9				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION FOR WHICH OPERATION				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?			
21A, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e	e.g., in or obaut 21C. WHERE DID (If in Boltimore City, give exact lacation)			
UNDERLYING OR CONTRIB-	et, office bldg., INJURY OCCUR?			
Z 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
OF INJURY	OT WHILE			
m, WORK A	T WORK			
22. I certify that I held an Inquiry Inspection X	Autopsy and that on this basis, death in my apinion			
resulted fram: Natura) causes X Accident Sui	cide Hamicide Undetermined manner			
	CHIEF MEDICAL EXAMINER			
ACTUAL (1) MO Per 23 4	DATE SIGNED			
	M.D. ASSISTANT MEDICAL EXAMINER X			
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER			
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETE REMOVAL (Specify)	RY or CREMATORY 23D. LOCATION (City, tawn, ar caunty) (State)			
12. 1 4-13-15 1574 1/2/10	ery Cem. Butt Anne Annal Com			
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAN	24C, FUNERAL DIRECTOR ADDRESS			
A A R C ATA VEW MIN	Lucas A. Kilon 1348 H. Calhoun St.			
APR 8 1965 Que 20 5 0	stage d. file 1310 11. Calhoun et.			
VS 151-REV. 1/1/65				

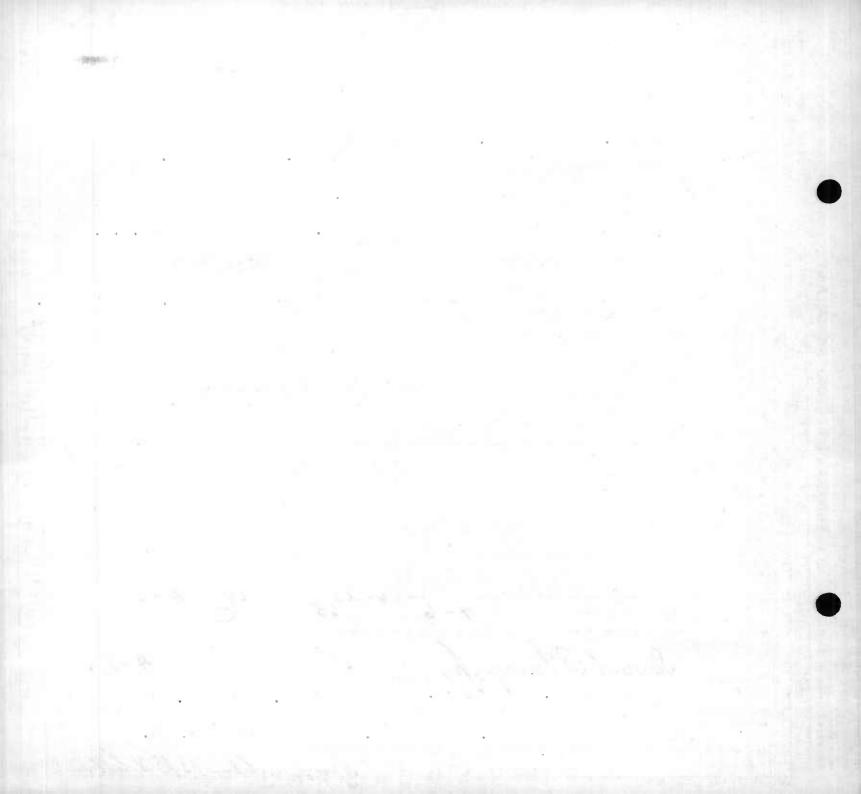


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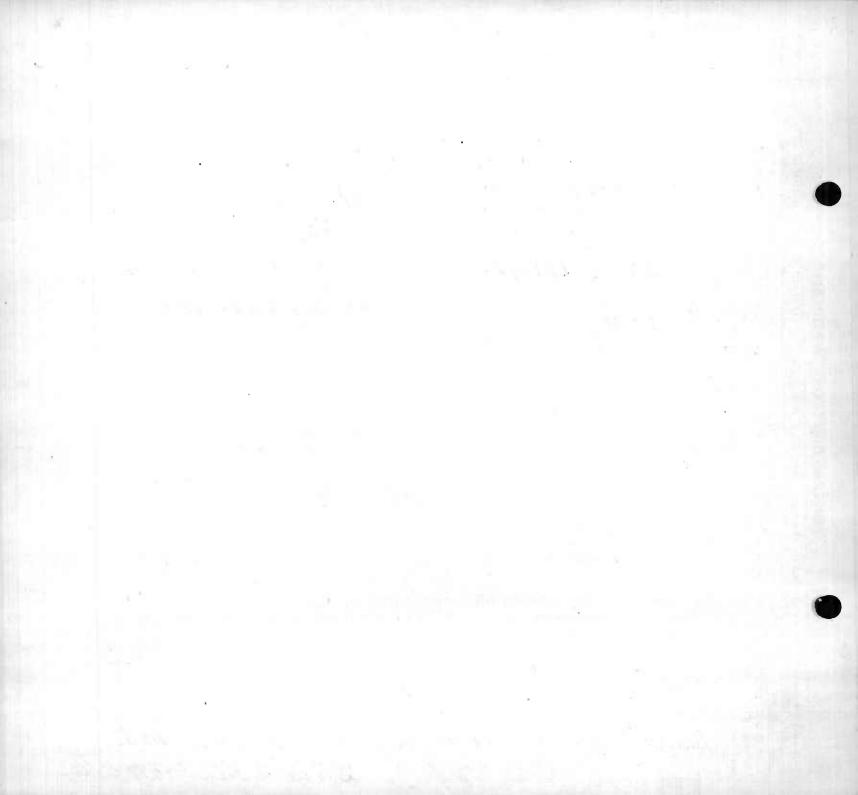
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

**DIRECTOR:** 

FUNERAL

VS 150-REV. 1/1/65



	1	1
6.	6	20

OF INJURY

ACTUAL

VS 151-REV. 1/1/65

SIGNATURE.

EXAMINER'S

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

I certify that I held on Inquiry

NAME (Type) Rudiger Breitenecker

resulted from: Natural couses

22.

	CEASED			2. DATE AN	ND HOUR PRONOUNCE	ED DEAD	
Type or Print)	C	ONSTANCE GREEN		Apri	1 6, 1965	1 3	3:20 p
		HERE PRONOUNCED DEAD	A. STATE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and anyland			
ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	AL OR INSTITUTION, GIVE S ATION)	C. CITT OF	C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)			
	South Balt	imore Hospital		Maisel St			
sex female	6. RACE colored	7. MARRIED, NEVER MARR WIDO WED, DIVORCED (spe	cify)	BIRTH 7/65	9. AGE (In years last birthday)	If Under 1 Yr Months Days	r. If Under 24 Hrs s   Hours   Min.
ane during most of	JPATION (Give kind of working life, even if retired)	k TOB. KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPL		gn cauntry)	12. CITIZEN O WHAT CO	DUNTRY?
B, FATHER'S NAM	Victor J	ohnson	14. MOTHER	s MAIDEN NAM			
	D EVER IN U.S. ARMEI				Green 262	ADDRESS	al 9+
18. 5 2	4 - V .		CAUSE OF DEATH		G1 0011 202	INTI	ERVAL BETWEEN
	SE OR CONDITION D	RECTLY	Interst	itial pne	eumonitis	ONS	SET AND DEATH
(This daes heart failure injury or ca	nat mean the made al , asthenia, etc. It mean mplication which caused	dying e.g., DUE the disease, death.)					
DISEASES RISE TO TH UNDERLYIE	OR CONDITIONS, IF A BOVE CAUSE (A) S	ANY, GIVING DU	E TO				
5		(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •		
TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE					
19A. DATE OF		NOTION FOR WHICH OPERA	TION 20 A. AUT	OPSY? (Yes ar Na)	1 208. IF YES, WERE FIN	NDINGS CONS	DERED ?

NOT WHILE

Suicide

23C. NAME of CEMETERY or CREMATORY

Autopsy X

Homicide \_\_\_

M.D. ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

Baltimore,

23D. LOCATION

ond that on this bosis, death in my opinian

Undetermined monner

Charles A. Rice 661 W. Barre St.

(City, tawn, ar county)

DATE SIGNED

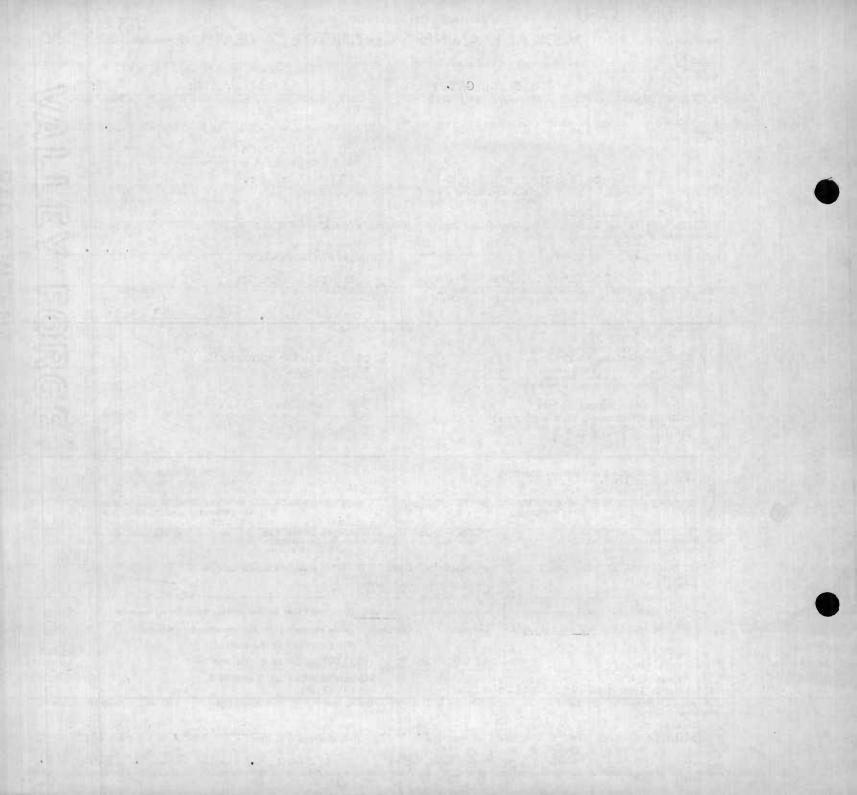
4-7-65

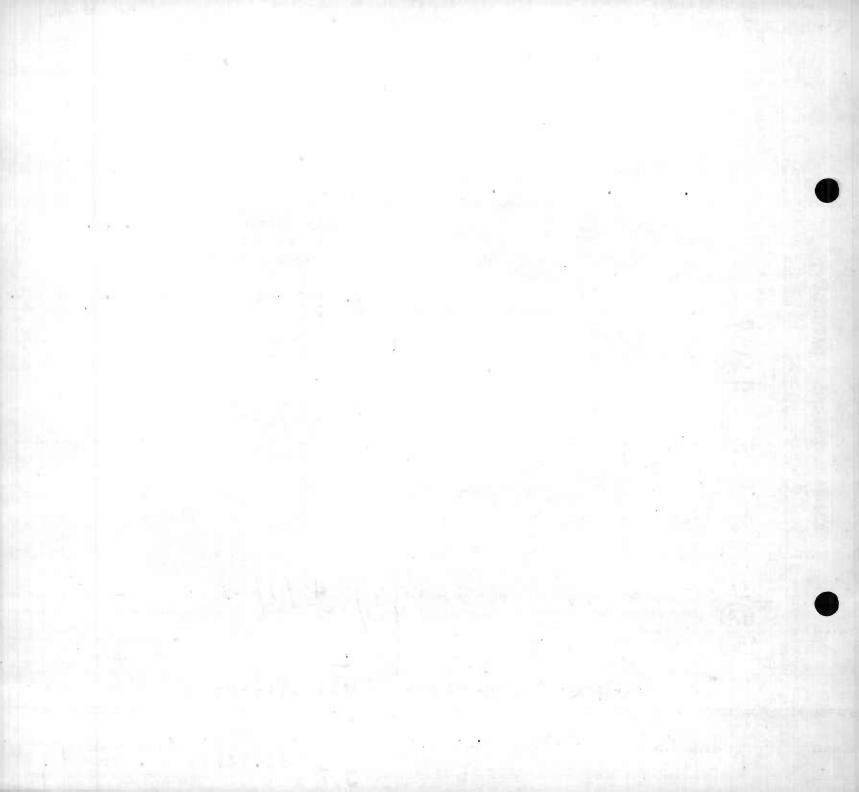
m. WHILE AT

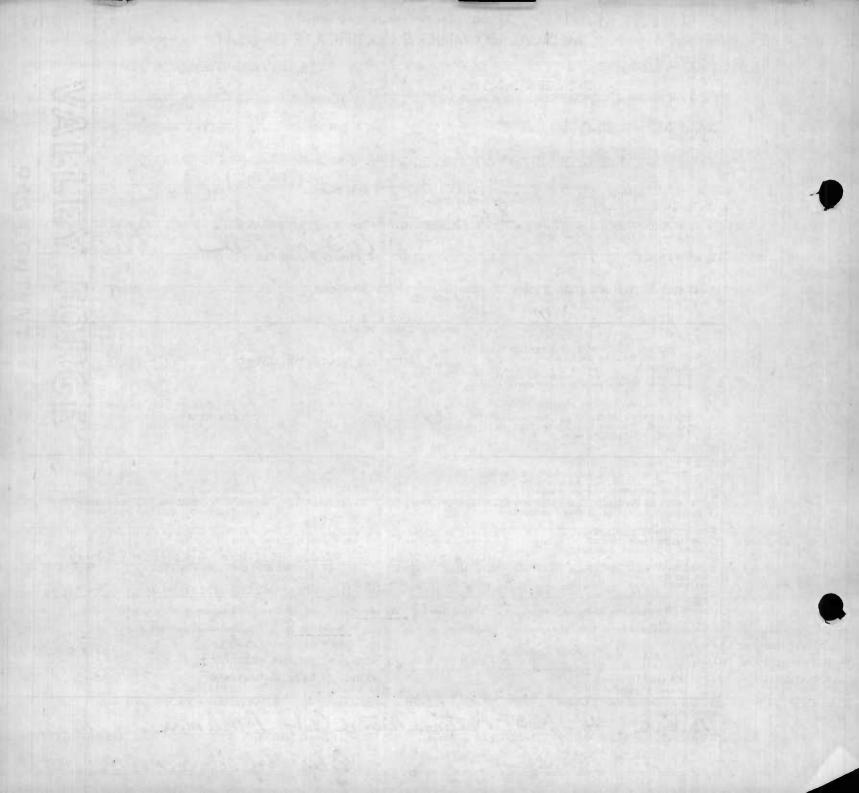
Inspection

Accident

65 Mt Auburn



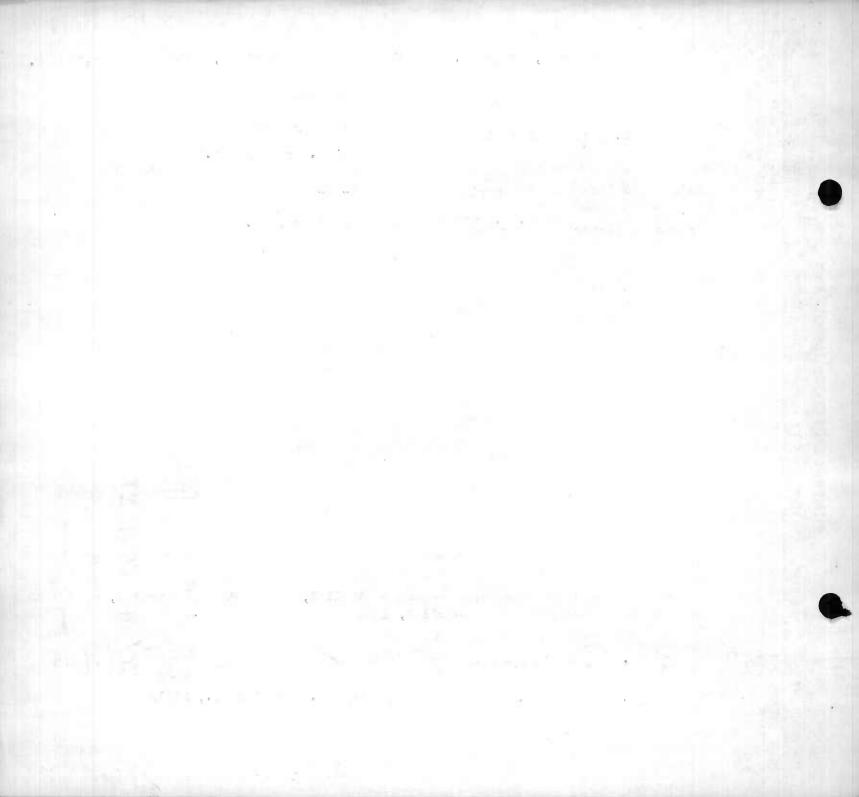




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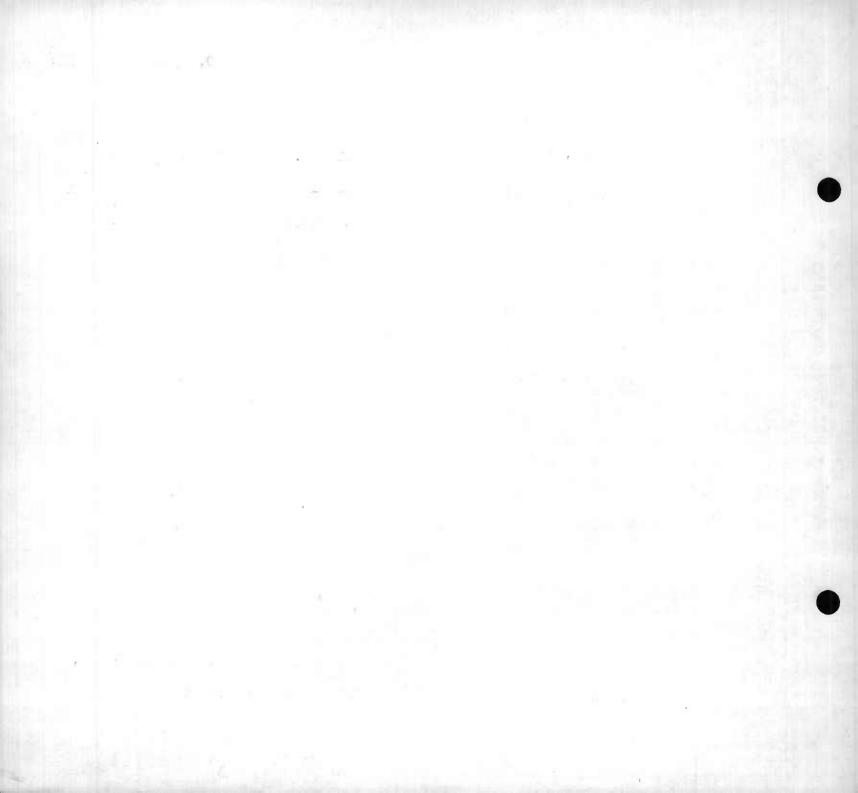
		05 0500		BALTIMORE CITY	HEALTH DEPARTMENT		OF DELOG	
1	H NO.	65 3763		CERTIFICA	TE OF DEATH	Registered No	65 3763	
	AME OF DEC	EASED			2. DATE	AND HOUR OF DEATH		
(Typ	e or Print)	DOUGLAS, CHA	RLES J.			4/4/65	6.00 A	
3. P	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. II in:	5:00 AN	
	ULL NAME O			give street	A. STATE B. CO MARYLAND	UNIY	10-02	
- 11	HOSPITAL OR NSTITUTION	oddress or locotion		ጥልፐ	BALTIMORE	outside city limits, write	URAL and give township)	
		RAVEN BLVD.	M HODET	TVD	D. STREET ADDRESS (If rurol, give locotion)			
			27.8		1437 E. EAG	ER ST.		
			7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years		If Under 1 Yr. , If Under 24 Hrs	
M	ALE	NEGRO	NEVER	MARRIED (specify)	1/1/95	lost birthdoyl 70	Months Doys Hours Min.	
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	,	12. CITIZEN OF	
anot.	LABORE	working lile, even if retired) R	UNKN	OWN	WASHINGTON,	D. C.	WHAT COUNTRY?	
13. [	FATHER'S NAM		- Oliver	01111	14. MOTHER'S MAIDEN N	IAME		
	JOHN H	ENRY DOUGLAS			ANNIE BRO	MN		
		Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT TA TE	OCOTILAT DECOR	ADDRESS	
. 05	YES	- 1	8/17	32016902		OSPITAL RECORI		
	1B. Z.E. O.	7./13-00	0/21	CAUSE O		IMORE, MD. 212	INTERVAL BETWEEN	
1	DISEAS	SE OR CONDITION DIS	RECTLY				ONSET AND DEATH	
	LEADING TO DEATH				ral Vascular A	lccident	2 years	
	heart failure,	ol meon the made af asthenia, etc. It meons	the diseose,	DUE TO	ralized Arteriosclerotic			
		Candi				ovascular Diseasse		
	DUE TO				Ovescular Disc	Unknown		
	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoting the (C)							
	UNDERLYING CONDITION Iosi.							
		II						
ATION	TO THE D	FICANT CONDITIONS C	ATED TO TH	E Tuberculo	sis, Pulmonary	7	4 months	
	19A. DATE OF		DITION FOR	Pneumonia WHICH OPERATION	20A. AUTOPSY? (Yes or		NDINGS CONSIDERED	
ERTIFIC	2	WAS PER	FORMED		Yes	IN CERTIFYING CAL	JSES OF DEATH?	
CE	21 A. ACCIDEN	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
CAL	DEATH (notify	medical examiner	etc.		nee bidg., my oki occok.			
0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
٤	(APPROX.)		Wh	ile At Not While				
	22 1	.1 . /12 /.1			1 07		. 65	
	22. I certify	that (I) (this hospitol	l) offended t	he deceased from Mar	ch 25,	19 .6510Apri	19	
	that CD (wal	lost sow the decease		*** * ***			nion death occurred on the dat	
	ond haur one	from the couses stat	ted abave. (	(Me) (qiq) (WA)	lew the body after deof	n.		
		from the couses stat	ned abave.				23 B. DATE SIGNED	
	ond haur one	from the couses stat	M. O		nding Med.	Stoff Phys.		
	ond haur one 23A. SIGNATU	from the couses state	Me D	Jugae M.D. Atte	nding Med. S. Director	Stoff Phys.	4/6/65	
	ond haur one	from the couses state	1.00	Jugae M.D. Atte	Med. Director  33 D. ADDRESS  VA HO	Stoff Phys. x	4/6/65 Loch Rayen Blvd	
	ond haur one 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses state  IRE  INS  INS  INS  INS  INS  INS  INS  IN	1.00	were M.D. Atte	Med. Director 23D. ADDRESS  VA HO Balti	Stoff Phys. x 3900 pspital, 3900 imore, Marylar	4/6/65 Loch Rayen Blvd	
	ond haur one 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses state  IRE  INS  INS  INS  INS  INS  INS  INS  IN	1.00	Jugne M.D. Atte	Med. Director 23D. ADDRESS  VA HO Balti	Stoff Phys. x 3900 pspital, 3900 imore, Marylar	4/6/65 Loch Raven Blvd ad 21218	
	ond haur one 23A. SIGNATU 23C. PHYSICIA NAME (T	from the couses state  IRE  INS  INS  INS  INS  INS  INS  INS  IN	ME 24C.NA	Jugne M.D. Atte	Med. Director 23D. ADDRESS  VA HO Balti	ospital, 3900 imore, Marylar contion	4/6/65 Loch Raven Blvd ad 21218	
	ond haur one 23A. SIGNATU 23C. PHYSICIA NAME (T	interpolation of the courses stated in the courses stated in the courses stated in the course	ME 24C.NA	M.D. Atterney of CRE Balto Nat	Med. Director  23D. ADDRESS  VA HO Balti  MATORY  24D.	ospital, 3900 imore, Marylar contion	Loch Raven Blvd ad 21218 y, town, or county) (Stote)	

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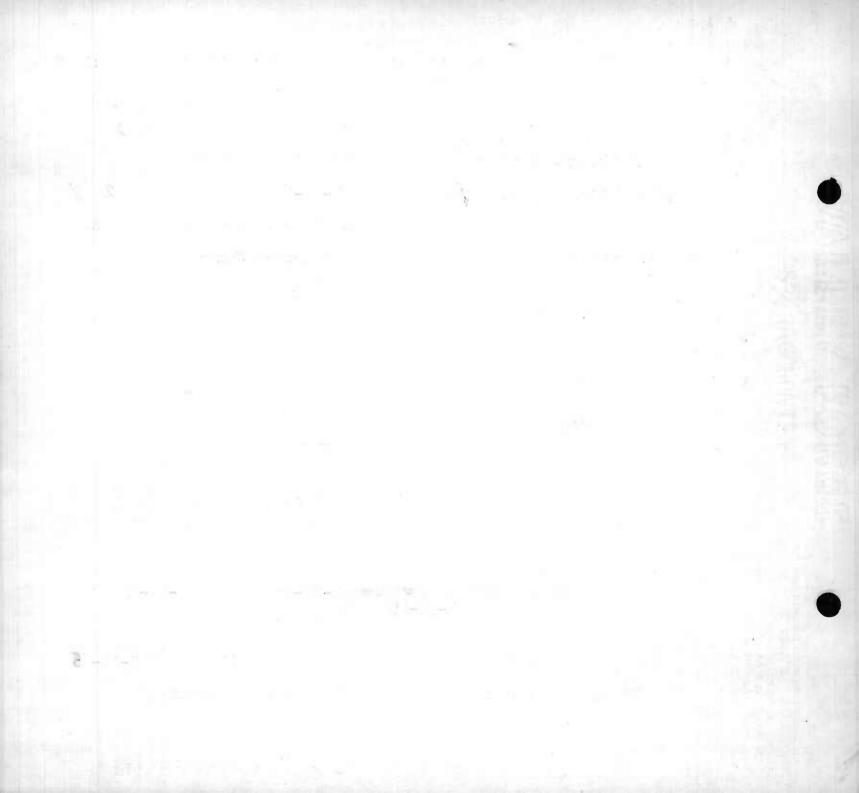
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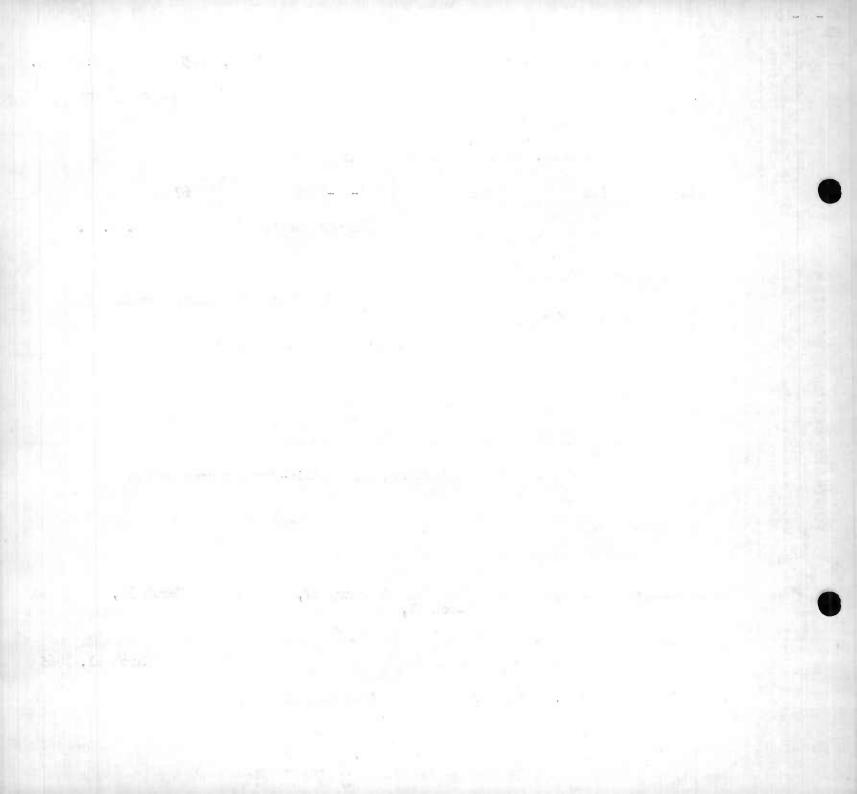
FUNERAL DIRECTOR:



SAME CY, BABY BAY Educate de me to the Spectal 1601 Robertheen The for hear borner 3 . 2 . 6 . 6 . live yemel - Wallet hilly lancery the filly the ser reilly laborage to to a series the rate of the state of 3-31-65 20 20 20 20-11-6 Geart Marine Cashe B. BARISC Charle Help Filling

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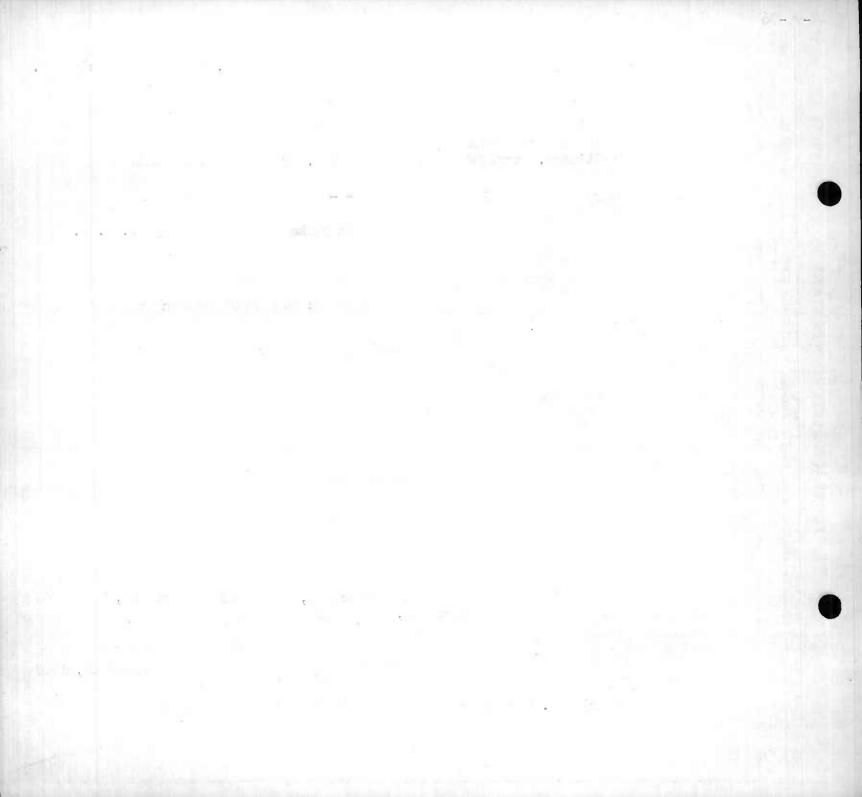




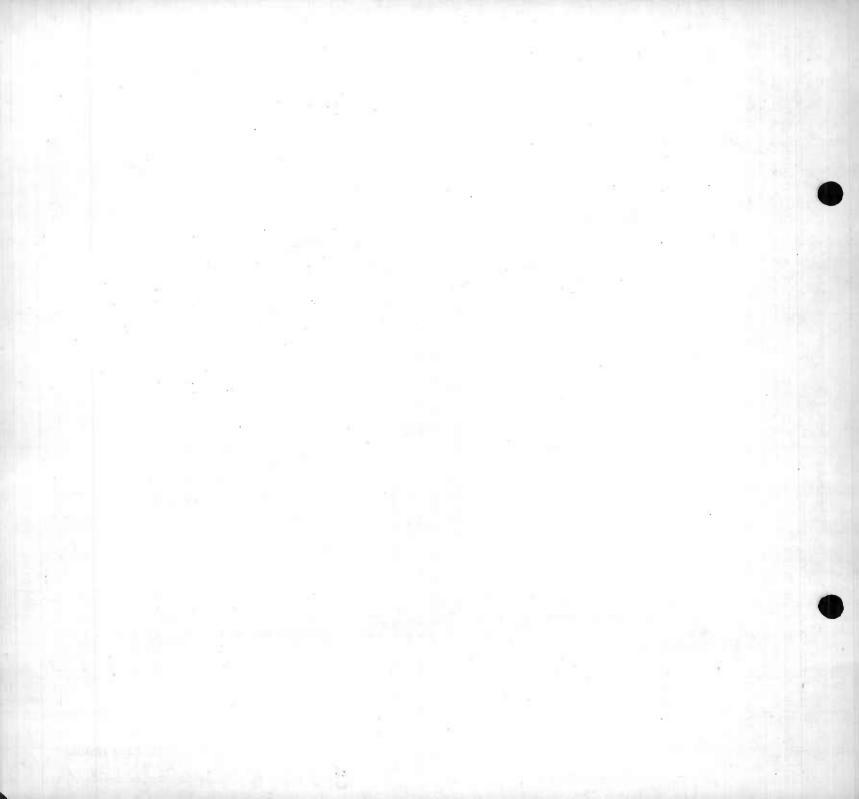
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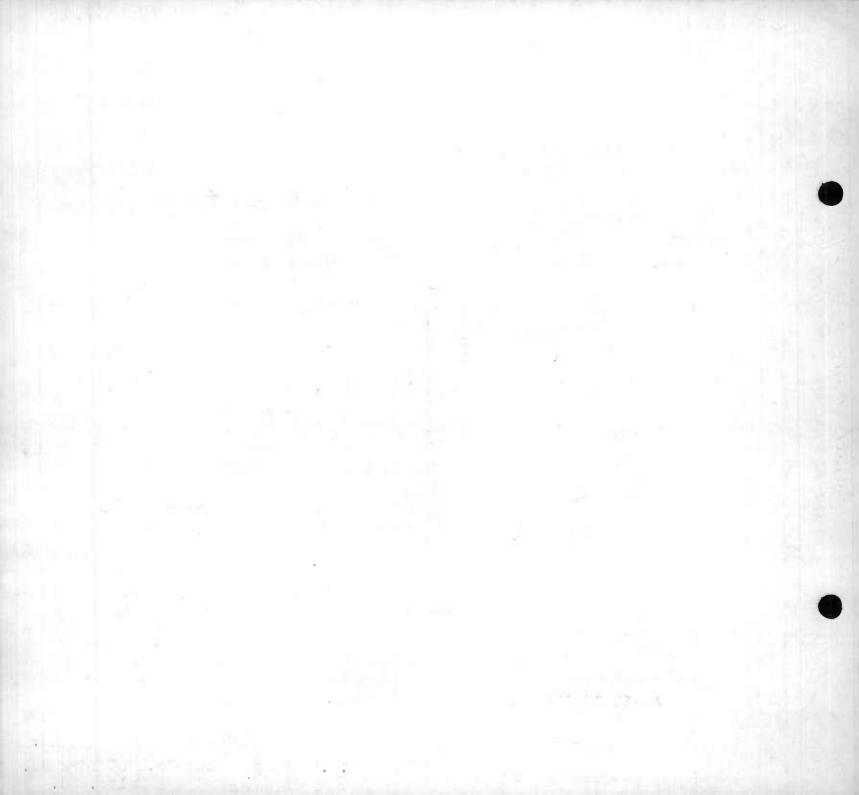
DIRECTOR:

FUNERAL

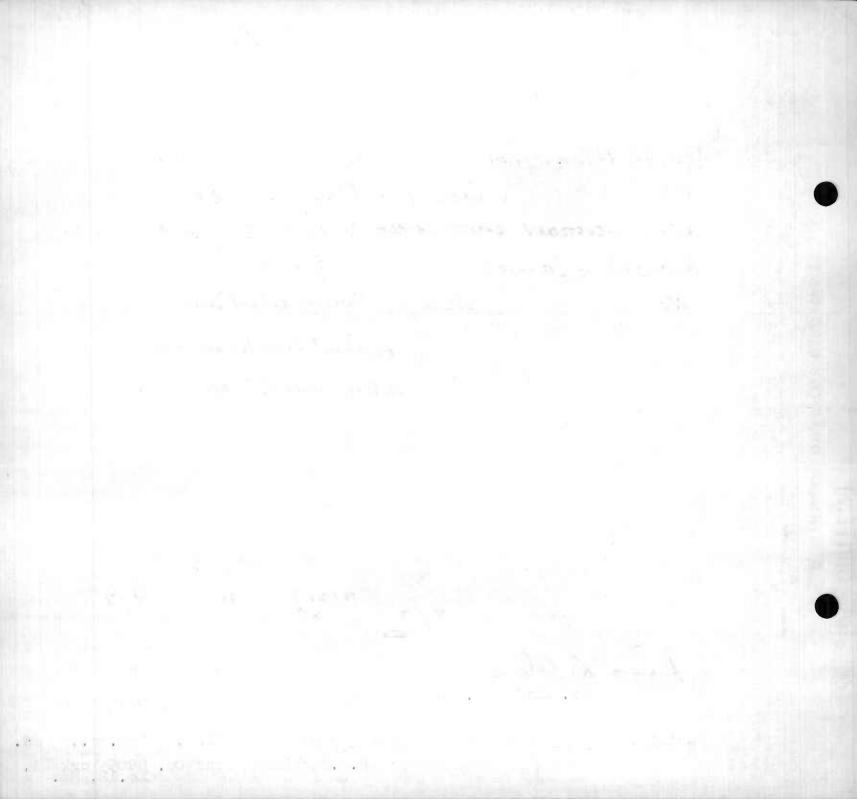


65 3770	BALTIMORE CITY	HEALTH DEPARTMENT	65 3770
IRTH NO.	CERTIFICA	TE OF DEATH Registers	ed Na.
A.E. CASE NO.		2, DATE AND HOUR OF	DEATH
Type or Print) GLADYS SI	ELBY	4/7/6	5   150 AA
PLACE OF DEATH IN BALTIMORE, MARYLAND		4, USUAL RESIDENCE (Where deceased liv A, STATE 8, COUNTY	red. If institution: residence before admission
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (If outside city limits	, write RURAL and give township)
INSTITUTION	ו ארבור	BALTIMORE	
LUTHERAN HOSF	TIAL	D. STREET ADDRESS (If rurol, give loco	tion)
		1227 ASHBURTON	STREET
TOURIST WID WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH.  7/22/21  9. AGE (In yet lost birthdoy)  43	ors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ene during most of working life, even if retired) Electronic worker AIR	CRAFT	North CAROLINA	USA.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
EMMONS, ALEXAND		CAlliE MOORE	
, Wos Deceosed Ever in U.S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of ser	vice)   1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	216-20-1547	Ruth PURNEIL-1	909 BRADDISH AVE.
18. 260X I	CAUSE O	DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	110	EMIA due to ACUTE -	TIBI)-
LEADING TO DEATH	(A) UIC	EMA QUE LO MOTE	(VDU
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	AIC MECKOSIS	
injury or complication which caused death.)	CIET	PTICEMIA due to P	ROTEUS
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, g	1 11/3	BETIC ACIDOSIS	
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	ine (C)	100.110.110.00.10	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
	3HT C		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in fice bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
	Work Al Work	3/30 -/5	117 15
22. I certify that (I) (this hospital) attend	/ / / 7	3/30 1965 10	1963
that (I) (we) last saw the deceased alive	an	19 @> and that in (my) (a	ur) apinion death occurred on the da
and haur and fram the causes stated aba	ve. (I) (We) (dId) (did nat) v	few the bady after death.	
23A. SIGNATURE		The same of the same of	23 B. DATE SIGNED
Oscar Ferraud	M.D. Atte	nding Med. Stoff Phys.	4/7/65
23C. PHYSICIAN'S NAME (Type) OSCAR FER	NANDINI M.D.	Lutheran	
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	Δ .		Md.
BuriAl 4-10-65	Mt. Aubuna		
SA, DATE REC'D BY HEALTH DEPT. 258. NA	ALE OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
APR 8 1965 Rolub E.	Across E. B	MARSHALLINE JOINES.	121735 HARFORD AU
\$ 150-REV. 1/1/65		01101	

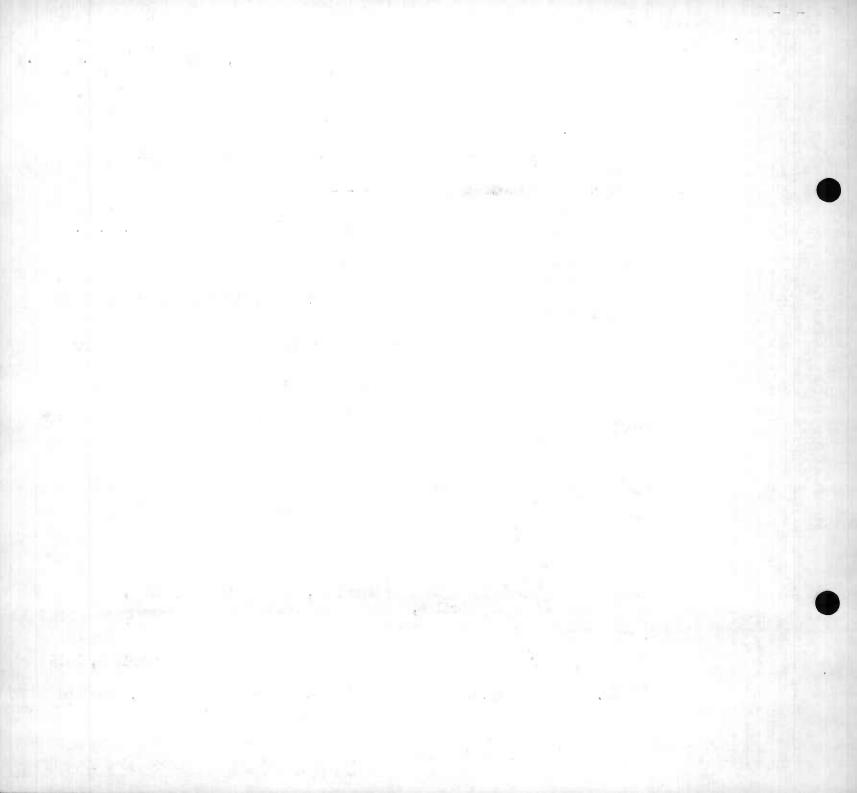




FUNERAL DIRECTOR:



	65 3773		BALTIMORE CITY	HEALTH DEPARTMEN	NT	65 3773	
BIRTH NO.	00		CERTIFICA	TE OF DEAT	H Registered No.	00 0110 .	
NE CASE NO.				2. DA	TE AND HOUR OF DEATH		
Type or Print)	Harold Cobb			AT	oril 6. 1965	6:45 P.	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution; residence before admiss	
51111 11444	On Although to be below	!4!4.4!		Maryland	COOM	1606	
FULL NAME OF (If not in hospital or institution, give street oddress or location)				C. CITY OR TOWN	(If outside city limits, write	RURAL and give township)	
INSTITUTION	Baltimore			Baltimore			
1	4940 East			D. STREET ADDRESS	(If rurol, give location)		
	Baltimore	e, Maryl	and 21224	1006 Frank	lintown Road 2	21216	
S SEX	6. RACE	7, MARRIED,	NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min	
Male	Negro	16.4	MCVVI ed	11-3-1911	53	77011113	
	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12, CITIZEN OF	
one during most	of working life, even if retired)			Month Com	ldma	WHAT COUNTRY?	
3. FATHER'S N	I A AA F	1		North Caro		U.S.A.	
600	rge Bobb			Porret	heia		
5. Was Decens	sed Ever in U. S. Armed For	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO				RECORDS: BC	H 4940 Eastern	Avenue 21224	
18. 44.	20,11		CAUSE O			INTERVAL BETWEEN	
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH	
	LEADING TO DEATH		(A) Arte	riosclerotic	2 Years		
	s nal mean the mode of re, asthenia, etc. Il means		DUE TO		33000300403000000000000000000000000000		
	amplication which caused		D7		2 Daves		
	ANTECEDENT CAUSES		DUE TO	onary Emboli	2 Days		
DISEASES	OR CONDITIONS, if	any, giving				0 77	
	the abave cause (A)	staling the	(c) Myoc	eardial Infarction 2 Years a			
UNDERLII							
Z OTHER SIG	II  SNIFICANT CONDITIONS (	ONTRIBUTING	3				
E TO THE	DEATH BUT NOT RELA	ATED TO TH					
U 19A. DATE	OF OPERATION 198. CON	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE	WAS PER	FORMED		Yes		USES OF DEATH?	
U 21 A. ACCII	DENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	in or about 21 C, WHERE DID (If in Baltimore City, give exact location)			
<b>▼ DEATH</b> (no	tify medical examiner	etc.)	e, form, foctory, street, of	nice biag., INJURI OCC	W R.		
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
S OF INJURY			ile At Not Whil				
(APPROX)		Wo	-				
	ify that (1) (this hospita			March 30,	19 65 to Apr	ril 6, 1965	
thot (1) (w	ve) lost sow the decease	ed alive on	April 6,	19 65	and that in (my) (our) op	inion deoth occurred on the	
	and from the couses sta			iew the body ofter d	eoth.		
23A. SIGNA	744/1/V /	1			7	23B. DATE SIGNED	
	W 11 12/10	20	M.D. Atte	ending Med.	Stoff Phys S	April 6, 1965	
23C. PHYSIC	CIANS	200		23D. ADDRESS		-,-,-,	
NAME	Dr. Charle	a Camo			n Avenue Roltin	ore Menuland 21	
						more, Maryland 21	
24A. BURIAL C	CREMATION, 248. DATE	24C. N/	AME of CEMETERY OF CRI	MAIORY	24D. LOCATION (C	City, town, or county) (Stote	
Burny	0 4-11-6.	5 Che	wcha tem		Goldsboro	N.C.	
25A. DATE REC	D BY HEALTH DEPT.	25 NAME	F TEGISTEAN	25C. FUNERAL DIR	ECTOR	ADDRESS	
	APR 8 1909	10000	2. 12.4	Klove!	6. Kels 13.	18 N. Cella 5	
/S 150+REV. 1/	/1/65	1		717			



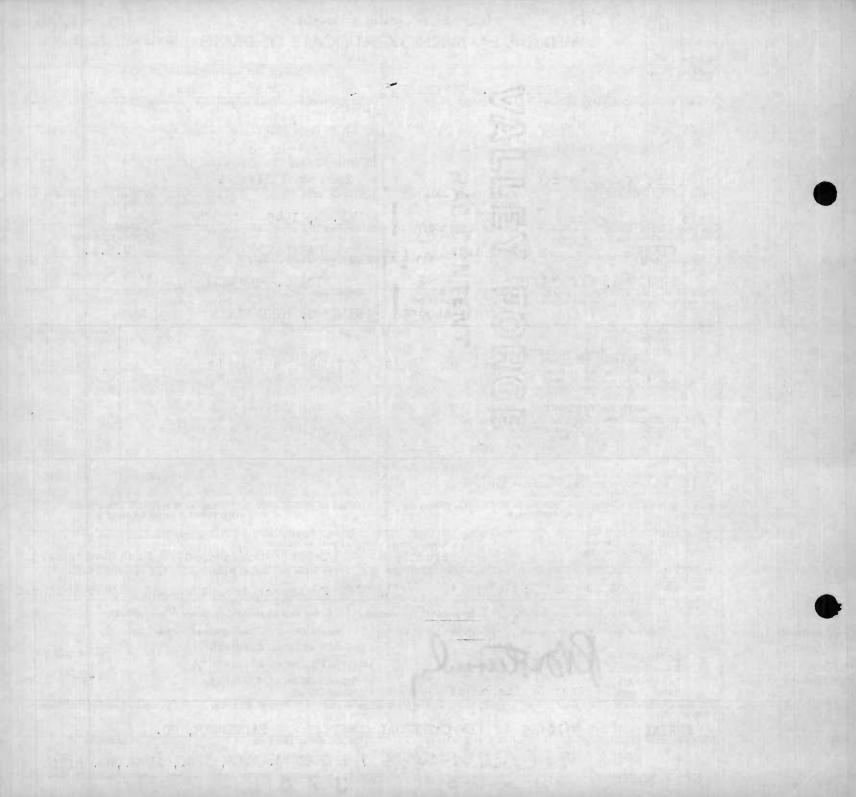
	6	2	Y	)
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

or organ	BALTIMORE CITY	HEALTH DEPARTMENT		C5 2007A
BIRTH NO. 65 3774	CERTIFICA	TE OF DEATH	Registered No	65 3774
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	010
	ORIG =	1 0	il 2 196	5 9 00/A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				stitution; residence before admissi-
		A. STATE B. COUN'		- 1 > 3
FULL NAME OF (If not in hospital at institution,	give street	Mary land.		1600
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN III outs	side city limits, write R	URAL and give township)
^		Balom	448 13	
4004 ERDMAN AVENUE		D. STREET ADDRESS (If r	ural, give location)	
4004 EIDPIAN RVENUE		KOOU BR	4 man h	2/3.
SEX 6. RACE / 7. MARRIED	, NEVER MARRIED	<u> </u>	9. AGE (In years	If Under 1 Yr If Under 24 H
	D, DIVORCED (specify)	ma ( 1889)	ost birthday)	If Under 1 Yr. If Under 24 H Manths Doys Haurs Min.
W,	idou	800. 6 dece	15	
OA, USUAL OCCUPATION (Give kind of work 108, KIND O one during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Here SEKTEPEN		MARYLA.	111)	4.5.0
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		9//
S. FAIRERS HAME				
trediviele BIHHIS	NOVAK	Barbara	NO DO CONTO	XXXX VANCURA
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(es,na or unknawn) (If yes, give war ar dotes of service)	SECURITY NO.	alara 1	Dar.l	8000
		Clava (	JAR KUL	SEV Brd Man
18. 4. 2011	CAUSE O	F DEATH	7	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			,	ONSET AND DEATH
LEADING TO DEATH	(4)	Covonary to	wombos:	22 deins
(This does not mean the mode of dying, e.g.	, 502.0			
heart failure, asthenia, etc. It means the disease injury or complication which coused death.)	,	2 /	1	
	(0)	VENIO Scher	cohie	10 years
ANTECEDENT CAUSES	DUE TO	and Inla	20000 120	
DISEASES OR CONDITIONS, if ony, giving		acous our	each or	tacl
use to the above couse (A) stating the UNDERLYING CONDITION lost.	(C)	M 010000 000000000000000000000000000000	*************	
ONDEREING CONDITION TOSI,				
7				
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		NO	IN CERTIFIED CAL	JES OF DEATH!
U 21A. ACCIDENT WAS UNDERLYING [21]	B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF hor DEATH (notify medical examiner)		fice bldg., INJURY OCCUR?		
21D. TIME (Manth) (Day) (Year) (Haur) 218	E INJURY OCCURRED	2) F. HOW DID INJU	JRY OCCUR?	
₹ (A PPPOY)	hile At Not While At Wark			
		110 1 10	1- 11	1 3 /
22. I certify that (I) (this hospital) attended	the deceased fram	Marcy 13	965 10 AR	ul / 196]
that HL(we) last saw the deceased alive an	April 7	1965 and the	t in (my) (aur) opli	nian death accurred an the
and haur and from the causes stated above.	H) (Wa) (did) (dia-			
23A. SIGNATURE	(ne) (ora) (ora mer) v	ion the body diter dedin.		23 B. DATE SIGNED
A TOTAL ON THE PARTY OF THE PAR			e	A STONED
	M.D. Atte		Stoff Phys.	Athel > 19
PAME (Type) S. NENG B.	MUN5565	23D. ADDRESS FLAKE	cher Sole	10501
		5506-A REC		1. BALT . Md. 2/28
Dereight in the	7 - 1			
4A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Cit	y, town, or county) (State
TOTTO TAT	ATMINODE CENTER	EVID SE	ATMTWOS	
	ALTIMORE CEMET		ALTIMORE, M	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTIAN DEW MAN	25C. FUNERAL DIRECTOR	1	ADDRESS
APR 8 1965 02 Ce	10-12-12-12-13	JEONARI J.	RUCK, INC. 1	BALTO., MD. 21214
'S 150-REV, 1/1/65				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T

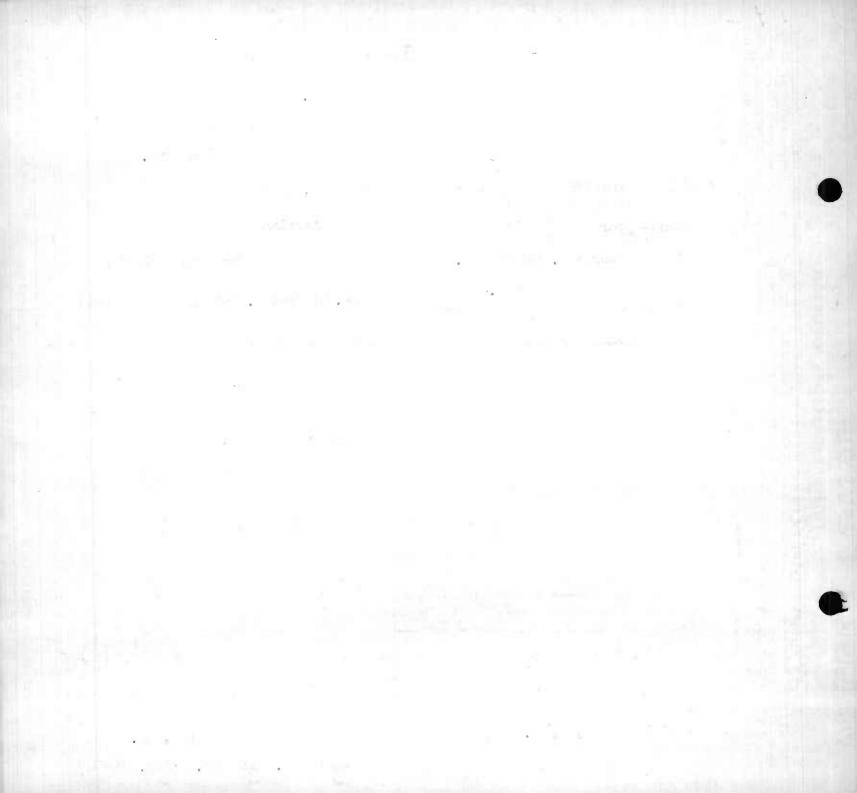
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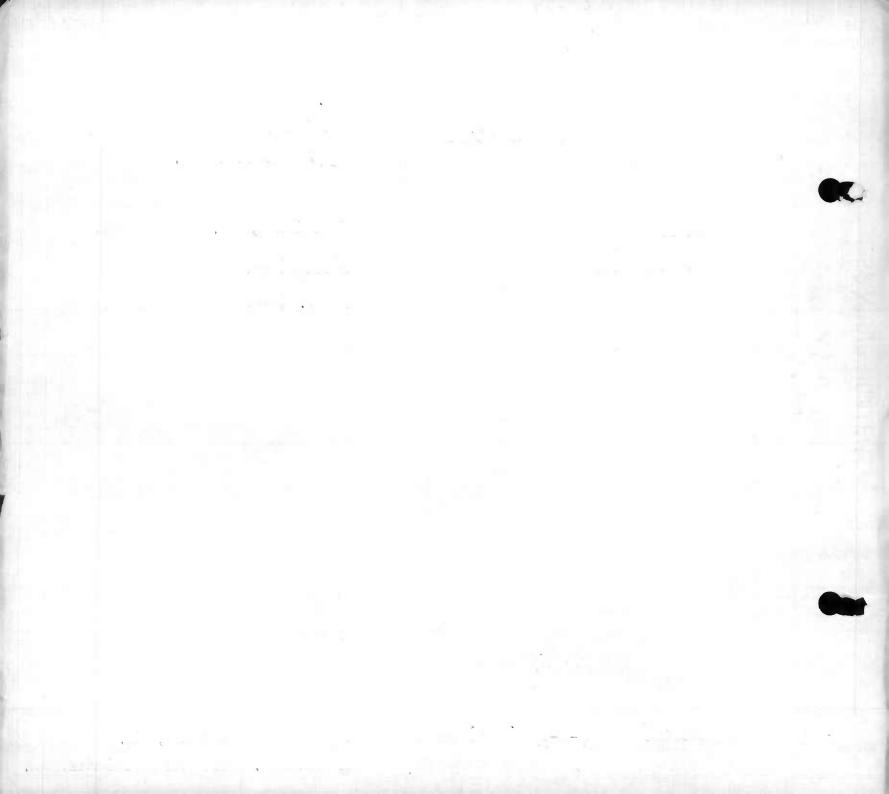
BIRTH NO.	MEDI	ICAL EX	CAMINER'S CI	ERTIFIC	ATE OF D	EATH Registe	red No	
M.E. CASE NO.					X			
1. NAME OF DE	CEASED					HOUR PRONOUNCE	ED DEAD	
			MINDERLEIN	-		1 7, 1965	4:20 a	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission B. COUNTY  Maryland			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	JHON, GIVE STREET	C. CITY OR	TOWN (If autside	carparate limits, write	RURAL and give township)		
into ino it			Baltimore					
				ADDRESS (If rurol,				
Union Memorial Hospital					4 Wycliffe			
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		B. DATE OF	BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 H Months, Doys, Haurs, Mi		
male	white	SINGL		FEB.		20		
	CUPATION (Give kind of work working life, even if retired)	KIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	ACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
CLER	RK	B & 0	R.R.		MARYLAND		U.S.A.	
3. FATHER'S NA	ME			14. MOTHER	S MAIDEN NAME			
	IP G. MINDERI				IDA C. BRO	MWELL		
	ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORM	ANT		ADDRESS	
			215440955	PHILIF	G. MINDER	RLEIN	SAME	
1B O	194		CAUSE	OF DEATH	4 (1) (1)		INTERVAL BETWEE	
RISE TO THUNDERLYI	OR CONDITIONS, IF A HE ABOVE CAUSE (A) STANG CONDITION LAST.  III  GNIFICANT CONDITIONS DEATH BUT NOT RELATED FOR CONDITION CAUSING	CONTRIBUTIE	(C)					
19A. DATE O		IDITION FOR	WHICH OPERATION	20A. AUT	1	OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
UTING CAL	AL CAUSE WAS MOR CONTRIB- USE OF DEATH.	hame etc.)	PLACE OF INJURY (e.g., i , farm, factory, street, o Street	in ar about 21 ffice bldg., IN	c. where DID (I JURY OCCUR? Taylor Ave	nue east of	Loch Raven Blve	
OF INJURY	(Manth) (Day) (Year		1E. INJURY OCCURRED		F. HOW DID INJUI	RY OCCUR?		
(APPROX.)	4 7 65	2:03a. V	VHILE AT NOT Y	WHILE X	Passenger :	in auto fix	ed object accide	
22. I cei	rtify that I held on I	nguiry	Inspection X Aut	opsy	and that an this	bosis, deoth in m	ny apinion	
resu	Ited from: Natural car	uses A	sccident X Suicide			ndetermined monne		
	R) 1	A -	7	_	F MEDICAL EXA			
ACTUA SIGNAT		Effer	M.D.	ASSISTAN	T MEDICAL EXA	AMINER X	DATE SIGNED	
	(Type) Rudiger l				E MEDICAL EX		4-7-65	
23A, BURIAL CRI REMOVAL (Speci		23	C. NAME OF CEMETERY O	CREMATOR	23 D. LO	CATION (City,	town, or county) (State)	
BURIAI	1/00		NEW CATHEDRAL		ERY BAI	TIMORE, MD	ADDRESS	
	APR 8 1965		5 E. Farbura			JCK, INC., B	ALTO.,MD. 21214	
VS 151-REV. 1/1.	165 N/ D/	1 22	4. 5 6 0	0 7	7 0 1			



Mr. E	CASE NO.	5 3776		CERTITICA	ATE OF DEATH		
1. N (Typ	AME OF DEC	GETRGE		FIPOLD , 3r		AND HOUR OF DEATH	3:0
	LACE OF DE	OF (If not in hosp oddress or loc	ital or institution,	give street	Md.	Where deceased lived. If OUNTY	261
1	NSTITUTION	ON MEMO		OSPITAL	D. STREET ADDRESS	Baltimore #6	5
5. S	FY	6. RACE	7. AA A PRIED	NEVER MARRIED	8. DATE OF BIRTH	804 Bowland A	
W	INCE	WHITE	M	, NEVER MARRIED D, DIVORCED (specify) arried	March 18, 190		Months Doys Ho
	e during most of	UPATION (Give kind of working lile, even if retine Typer		F BUSINESS OR INDUST	Naryla		12. CITIZEN OF WHAT COUNT USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN		
1.7	_	George F				Caroline C	
15. (Yes	Wos Deceoses s, no or unknow No	d Ever in U. S. Armed n) (If yes, give wor or	Forces? dates of service)	SECURITY NO.	Mrs. Mildred	I. Leipold	(Same)
	18. 49	0.1		CAUSE	OF DEATH	1	INTERVAL ONSET AN
		, asthenia, etc. It me mplication which cau	sed death.)	(R)	cute hydren terophotic	trat Dises	use miles
	DISEASES	mplication which cau ANTECEDENT CAU OR CONDITIONS, ne abave cause ( G CONDITION fast.	sed death.) SES if any, giving	(B) DUE TO	Problemotic	Hatlass	use luke
ATION	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE EDISEASE OR	ANTECEDENT CAU  OR CONDITIONS, ne abave cause ( G CONDITION last.  II  IIIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN	sed death.) SES  if any, giving A) staling the  S CONTRIBUTIN RELATED TO TI	(B) DUE TO	Prophoto	that Deser	use hille
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	DISEASES rise la th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19 A. DATE O  OR CONTRIB	ANTECEDENT CAU  OR CONDITIONS, ne abave cause G CONDITION fast.  II  IIIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN F OPERATION 198. ( WAS  ENT WAS UNDERLYIN UTING CAUSE OF	sed death.) SES  if any, giving A) stating the  S CONTRIBUTIN RELATED TO TI GO IT. CONDITION FOR PERFORMED  G 21 hot etc	(B) DUE TO  (C)  IG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., form, foctory, street,)  E. INJURY OCCURRED hile At Not W	in or obout office bldg., INJURY OCCUI	That Dides	E FINDINGS CONSIDER AUSES OF DEATH?
MEDICAL	DISEASES rise Ia th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we	ANTECEDENT CAU  ANTECEDENT CAU  OR CONDITIONS, ne abave cause G CONDITION fast.  II  IIIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN F OPERATION  IT WAS UNDERLYIN UTING CAUSE OF y medicol exominet  (Month) (Doy) (You	sed death.) SES  if any, giving A) staling the  S CONTRIBUTIN RELATED TO TI G IT. CONDITION FOR PERFORMED  G 21 hours etc eon) (Hours 21) W W W  ital) attended	(B) DUE TO  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street, visually or me, form with the deceased fram	20A. AUTOPSY? (Yes of in or obout 21C. WHERE DI office bidg., INJURY OCCUI	INJURY OCCUR?	FINDINGS CONSIDER AUSES OF DEATH? DIE City, give exoct loc
MEDICAL	DISEASES rise In th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (notif) 23A. SIGNAT	ANTECEDENT CAU  ANTECEDENT CAU  OR CONDITIONS, ne abave cause G CONDITION fast.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	sed death.) SES  if any, giving A) staling the  S CONTRIBUTIN RELATED TO TI G IT. CONDITION FOR PERFORMED  G 21 hours etc eon) (Hours 21) W W W  ital) attended	WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  E. INJURY OCCURRED hite At	20A. AUTOPSY? (Yes of office bldg., INJURY OCCUI)  21F. HOW DID  hile 195e  1950  view the body after decouples.	INJURY OCCUR?	FINDINGS CONSIDER AUSES OF DEATH?
MEDICAL	DISEASES rise la th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19 A. DATE OF  21 A. ACCIDE OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (notification of the contribution of	ANTECEDENT CAU  ANTECEDENT CAU  OR CONDITIONS, ne abave cause G CONDITION last.  II  IIIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN F OPERATION 198. (WAS  ENT WAS UNDERLYIN UTING CAUSE OF y medical examine)  (Month) (Doy) (Yas)  I that (1) (this hosp has saw the dece	sed death.)  SES  if any, giving A) stating the  S CONTRIBUTIN  S	(B) DUE TO DUE TO  (C)  IG HE WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street, with the deceased from the deceased fro	20A. AUTOPSY? (Yes of office bidg., in or obout office bidg., injury occul occul occul occul occul occul occul occur occul occur occ	INJURY OCCUR?  19 to d that in(my) (***) apoth.	E FINDINGS CONSIDER AUSES OF DEATH? DIE City, give exoct loc
MEDICAL	DISEASES rise la th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR 19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (notif) 23A. SIGNATI 23C. PHYSICI. NAME (	ANTECEDENT CAU  ANTECEDENT CAU  OR CONDITIONS, ne abave cause G CONDITION fast.  II  IIIFICANT CONDITION DEATH BUT NOT I CONDITION CAUSIN F OPERATION 198. (WAS  ENT WAS UNDERLYIN UTING CAUSE OF y medical examined  (Month) (Doy) (Y.)  I that (1) (this hosp has saw the dece	sed death.)  SES  if any, giving A) stating the  S CONTRIBUTIN  SELATED TO TI  IG IT.  CONDITION FOR  PERFORMED  (Hout) 21  W  W  Hat) attended assed alive an  stated abave. (  24C. N  /65. Ps	WHICH OPERATION  B. PLACE OF INJURY (e.g. me, form, foctory, street,)  E. INJURY OCCURRED  Not W At Woork  At Woork  (I) (We) (did) (did not)  M.D. A	20A. AUTOPSY? (Yes of the property of the plane).  21F. HOW DID thile 1950 and the plane of the	INJURY OCCUR?  IN	E FINDINGS CONSIDER AUSES OF DEATH?  DIE City, give exoct loc  23B. DATE SIGNED  17 6:  City, town, or county)

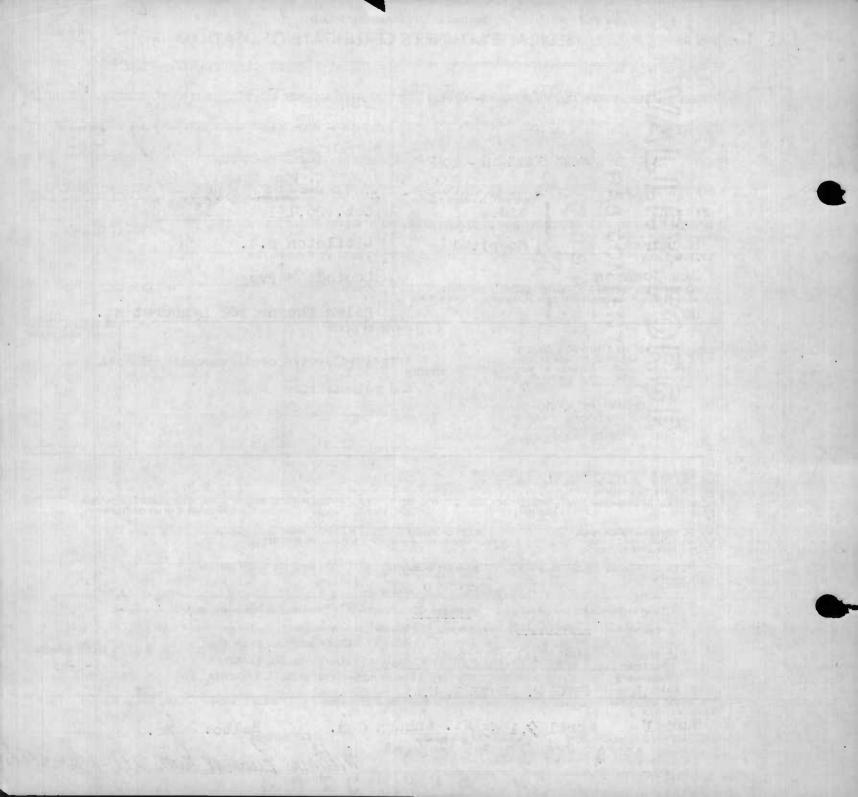


		C=66' 3+3+3+3	BALTIMORE CI	TY HEALTH DEPARTMENT	65 3777
11 5	3000	BIRTH NO.	CERTIFIC	ATE OF DEATH Reg	istered Na. OU 3/1/
1	l and death eased n the Such	M.E. CASE NO.  1. NAME OF DECEASED	2/	2. DATE AND HOU	R OF DEATH
	pital are of dea Deceasion takes		TIPL NUTH	4-	7-65 1 14 A.
	古 + 0 o 元	3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceo	sed lived. If institutions residence before admission
				A. STATE B. COUNTY	2.601
		HOSPITAL OR oddiess or locotio	or institution, give street	C. CITY OR TOWN (If outside city	limits, write RURAL and give township)
	cat cat tend tend	INSTITUTION	11	Baltimore 6	
	e tage	MERCY	Hospital	D. STREET ADDRESS (If rurol, giv	e locotion)
	D + d + d + d + d + d + d	/		5913 Marluth	Ave.
00	but he de	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years   If Under 1 Yr., 1f Under 24 Hrs
. 10	E Se E	FW	WIDOWED, DIVORCED (specify)	4-6-65 lost birth	Months Doys Hours Min.
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10A, USUAL OCCUPATION (Give kind of world	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign coun	17) 12. CITIZEN OF
	or or nder in dec	done during most of working life, even if retired)		Raltimana Md	WHAT COUNTRY?
	de de sit	None	13-	Baltimore, Md.	· USVI
	(4) (4) the	0			
		Robert Nuth		Beverly Towers	
	istant the di kind; death ce on	15. Was Deceased Ever in U. S. Armed For (Yes, no ar unknown) (If yes, give war or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
2	sist the the kir de de fina	la l	*	Lee T. Towers	same
- (	IMPOKIAN r his assistant Also, if the di s of any kind; ounced death ittendance on	18.776 X 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	his of a contract of a contrac	DISEASE OR CONDITION DI	RECTLY	0 -0.4	A A
	Also noun atte	LEADING TO DEATH	(A)	Immaluly	JUL
		(This does not mean the mode of heart failure, asthenia, etc. It means	the diseose,		0 /-
2	miner. fractu	injury or complication which caused			
	E E T O O O	ANTECEDENT CAUSES	DUE TO		
	X D A S L L	DISEASES OR CONDITIONS, if			
9	(3) (3) ns a	UNDERLYING CONDITION last.	(6)		
	FUNEKAL be chief med by a medi 2) Body bur e the phys physician w ore the rem	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING			
	T TE Y TE P	DISEASE OR CONDITION CAUSING	IT.	120.4	
	chief chief day the p the p ysicic	19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	IN CI	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	2 × × × × × × × × × × × × × × × × × × ×	U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIPY (e.g.	in at about 21C WHERE DID	(If in Baltimore City, give exact location)
		U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	til ill bollimore City, give exact locasion
	ved by the hospital nature; (ept whe decorated)	0			
	d b c c c c c c c c c c c c c c c c c c	21D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJURY OC	CUR?
	> = 0 0 0	(APPROX.)	While At Not W Work At Wo	rk 🗆 /	.10
-	pro the ny exc an	22. I certify that (1) (this haspita	1) attended the deceased fram	1130 4/6 19 65	10 1 Am 4/719 63
	0 0	that (1) (we) last saw the decease			y) (aur) opinion death accurred on the dat
	007-	and have and from the causes sta	ted abave. (1) (We) (and) (did not)		
	must be eleased t ccident o hospita to death al must k	23A. SIGNATURE	A A1 1	, view the bady error deaths	23B, DATE SIGNED
	S id id E	1 1.0/2 1881	they M.D. A	hys. Med. Stoff Phys.	4/5/1-
	L = 0 . L	23C.PHYSICIAN'S	mely y	hys. Director Phys. 23D. ADDRESS	7/1/63
	n at at rovious	23C. PHYSICIAN'S NAME (Type)	/		
	certificate sody was 1 75: (1) An a D.O.A. at assed prior	244 2000	M.I		
	F PCOBE	24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C		
	bood VS: Do. Do.	burial 4-8-6	5 Parkwood (e)	metery Bala	timore. Md.
	This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	metery Bala	timore, Md.  ADDRESS  ck Inc Baltimore, Md.
	ドサマック 3	APR 8 1965 OL	Carl Co Vanda	1 Leonard J. Ruc	ck ync Baltimore, Md.
1		VS 150-REV. 1/1/65	1		



VS 151-REV. 1/1/65

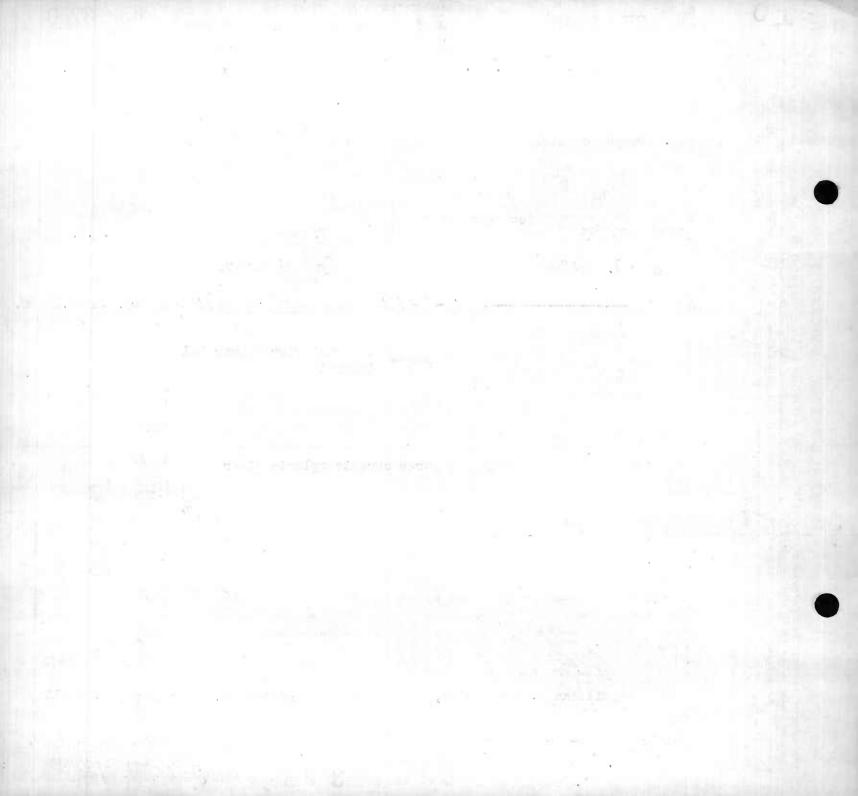
1	65 3778 BALTIMORE CITY HEA	LITH DEPARTMENT		
R152		CERTIFICATE OF DEATH Registered No.		
11,	M.E. CASE NO.			
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD		
	HATTIE ROBINSON  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4-4-65 2:15 P.M.  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Maryland		
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RUDA) and give township)		
26	FRANKLIN SQUARE HOSPITAL - DOA	Baltimore D. STREET ADDRESS (If rurol, give locotion) 422 N. Pine Street 21201		
7	Tidamin Security Most Title - DOV			
79	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Months   Doys   Hours   Min.		
	Female Colored Widow	Oct. 26,1912 52		
	toA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRI	WHAT COUNTRY?		
	Laundress Hospital	Littleton N.C.		
	Sam Johnson	Lucinda Harvey		
	15. WAS DECEASED EVER IN U.S. ARMED FÖRCES? 16. SOCIAL  (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS		
	no	Helen Thorne 362 Lynhurst St.		
	18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(A) ATC	eriosclerotic cardiovascular disease		
	injury or complication which coused death.	malnutrition		
	ANTECENDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE A80VE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
		No		
	V 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion) office bldg., NJURY OCCUR?		
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	(APPROX.) WHILE AT NOT AT	WHILE WORK		
	22. I certify that I held on Inquiry Inspection X A	utopsy ond that on this basis, death In my opInIon		
	resulted fram: Natural couses X Accident Sulci	de Hamicide Undetermined monner		
	ACTUAL AND RESIDEN	CHIEF MEDICAL EXAMINER DATE SIGNED		
	SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER 4-5-65		
	EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER X		
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23 D. LOCATION (City, town, or county) (Stote)		
	Burial April 2.1965 Mt. Aubur			
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTERAR	24C. FUNERAL DIRECTOR  2. / A ADDRESS		
	APR 8 1965 Obleat E. talky M.	Williams Tunkel Home 31911. Islunesas		



VS 151-REV. 1/1/65

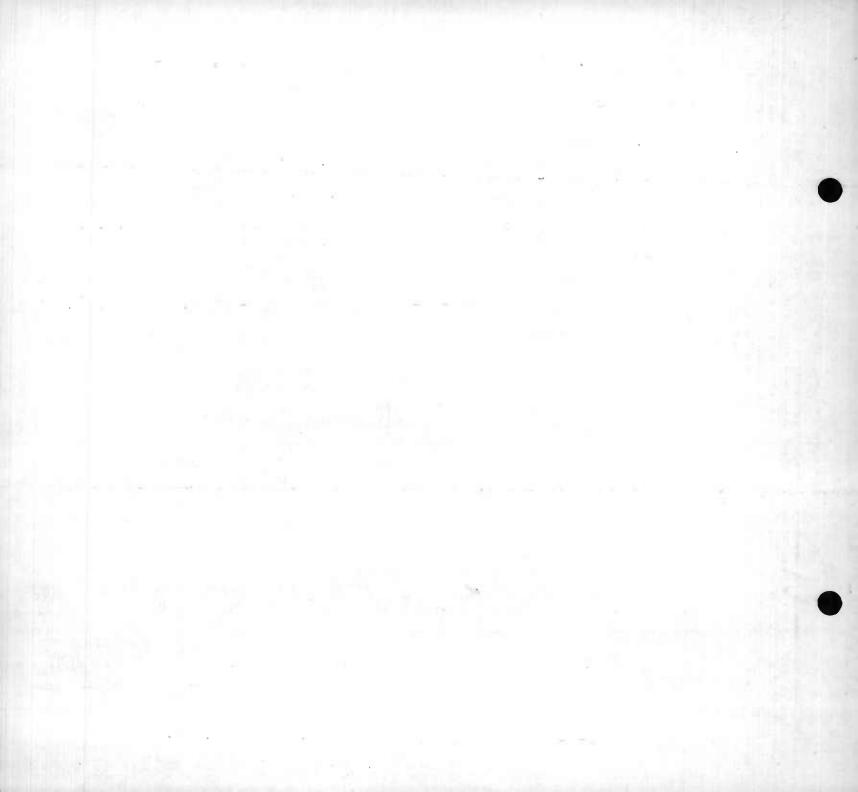
BIRTH NO.	. MEI	DICAL EX	CAMINER'S CE	RTIFICATE OF I	DEATH Registe	ered No. 3779
M.E CAS	E NO.	18 19 1				1. 1. 1. 1. 1.
1. NAME (Type or P	OF DECEASED			2. DATE AN	D HOUR PRONOUNC	ED DEAD
trype or t		LIAM F. I	EE	Ap	ril 5, 1965	10:25 PA
3. PLACE	IN BALTIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If inst B. COL	titution: residence before odmissio
FULL NAM	ME OF (IF NOT IN HOSP OR ADDRESS OR LOG	TTAL OR INSTITU	UTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside		e RURAL and give township)
NSTITUTIO	N			Baltimor		1702
2	FRANKLIN	SOUARE H	IOCDTTAT	D. STREET ADDRESS (If surol,		
	TRUTTE	bQ011kb II	IOOL LIAD	17 N Rr	uce Street	
5. SEX	6. RACE			B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
Mal.	e Negro	Marri	DIVORCED (specify)	We mah 0 1000	lost birthday) 56	Months Doys Hours Min
				March 2,1969		12. CITIZEN OF
done during	most of working life, even if retired	1)	House	D 7.		WHAT COUNTRY?
	RS NAME	Meat	packeng	Balto. Md.		
	Carlotte III III III		TRUE DITTO			
	liam Lee	ED FORCES?	16. SOCIAL	Bessie Maryla	ind	ADDRESS
	unknown) (If yes, give war or de		SECURITY NO.	17. INFORMANT		ADDRESS
no			216-01-719	l William A.Le	e 17.N.Br	uce St.
18.	4+3			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTIV				ONSET AND DEAT
DIS RISE UN	ANTECENDENT CAUSE  ANTECENDENT CAU  EASES OR CONDITIONS, IF  TO THE ABOVE CAUSE (A) DERLYING CONDITION LAS:	SES ANY, GIVING STATING THE	(B)			
ŏ	N ENGLISH VICTOR		( )			
U TO	II HER SIGNIFICANT CONDITION THE DEATH BUT NOT I SEASE OR CONDITION CAUSII	RELATED TO T				
DIS 19A. D						
0		ERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	
21A, E UNDER		ERFORMED 21B.	PLACE OF INJURY (e.g., i	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CAU	SES OF DEATH?
21A, E UNDER UTING	WAS P EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  (IME (Month) (Doy) (You	ERFORMED    218.   home etc.)	PLACE OF INJURY (e.g., i	No	IN CERTIFYING CAU	SES OF DEATH?
ZTA, E	WAS P EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  FIME (Month) (Doy) (YOUNG)	218, home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU	IN CERTIFYING CAU	SES OF DEATH?
ZTA, E UNDE UTING Z1D T OF IN.	WAS P EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  FIME (Month) (Doy) (You	eor) (Hour) 2	PLACE OF INJURY (e.g., i , form, foctory, street, of PLE, INJURY OCCURRED WHILE AT NOT W	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU	IN CERTIFYING CAU	SES OF DEATH?
21A, E UNDER UTING 21D T OF IN.	WAS P  EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  FIME (Month) (Doy) (You	eor) (Hour) 2 m. V	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU VHILE DORK  and that on the	IN CERTIFYING CAU  Office Boltimore City, gi  ORY OCCUR?	SES OF DEATH?  Ive exact location)  The property of the proper
21A, E UNDER UTING 21D T OF IN.	WAS P EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  FIME (Month) (Doy) (You	eor) (Hour) 2 m. V	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU	IN CERTIFYING CAU  Office Boltimore City, gi  ORY OCCUR?	SES OF DEATH?  Ive exact location)  The property of the proper
Z1A, E UNDE UTING UTING OF IN. (APPRO	WAS P  EXTERNAL CAUSE WAS RLYING OR CONTRB- CAUSE OF DEATH.  TIME (Month) (Doy) (You Locatify that I held on resulted fram: Natural of	eor) (Hour) 2 m. V	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU VHILE DORK  and that on the	IN CERTIFYING CAU  If in Boltimore City, gi  IRY OCCUR?  Is basis, death in a	ses OF DEATH?  ve exoct locotion)  my opinion  er
Z1A, E UNDE UTING  21D TOP IN. (APPRIL	WAS P  EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  IME (Month) (Doy) (You OX.)  I certify that I held on resulted fram: Natural control of	eor) (Hour) 2 m. V	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	NO n or obout 21C. WHERE DID ffice bidg. NJURY OCCUR?  21F. HOW DID INJU  OPSY and that on the Homicide U  CHIEF MEDICAL EX	IN CERTIFYING CAU  Off in Boltimore City, gi  ORY OCCUR?  Is basis, death in a  Judetermined monn.  AMINER	SES OF DEATH?  Ive exact location)  The property of the proper
ZTA, E UNDE UTING OF IN. (APPRI	WAS P EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  IMME (Month) (Doy) (You JURY OX.)  I certify that I held on resulted fram: Natural of	eor) (Hour) 2 m. V	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	NO n or obout 21C. WHERE DID ffice bidg. NJURY OCCUR?  21F. HOW DID INJU VHILE DPSY and that on the	IN CERTIFYING CAU  (If in Boltimore City, gi  IRY OCCUR?  Is basis, death in r  Jundetermined monnicaminer  (AMINER (AMINER)	ses OF DEATH?  ve exoct locotion)  my opinion  er
TYOUNDS UNDS UNDS 21D TOF IN. (APPRI) 22.	WAS P  EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  IME (Month) (Doy) (You OX.)  I certify that I held on resulted fram: Natural control of	eor) (Hour) 2 Inquiry Couses X	PLACE OF INJURY (e.g., in form, foctory, street, of the street, of	No n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU VHILE DPSY and that on the CHIEF MEDICAL EX ASSISTANT MEDICAL EX	IN CERTIFYING CAU  (If in Boltimore City, gi  IRY OCCUR?  Is basis, death in r  Jundetermined monnicaminer  (AMINER (AMINER)	ses OF DEATH?  Ive exoct locotion)  my oplnion  er   DATE SIGNED
Z1A, EUNDE UTING  21D TOF IN. (APPRIL  22.  AA SEEN  23A, BURI REMOVAL	WAS P  EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  IME (Month) (Doy) (You Location of the control of	eor) (Hour) 2 Inquiry Couses X A John E	PLACE OF INJURY (e.g., in form, foctory, street, of the form, form	No n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU  YHILE DPSY and that on the CHIEF MEDICAL EX  ASSOCIATE MEDICAL EX	IN CERTIFYING CAU  (If in Boltimore City, gi  IRY OCCUR?  Is basis, death in r  Jundetermined monn.  IAMINER   KAMINER   KAMINER   KAMINER	ses OF DEATH?  Ive exoct locotion)  my oplnion  er   DATE SIGNED
ZIA. EUNING  ZID TOF IN.  (APPRO  Z2.  AA  S  E  N  Z3A. BURI  REMOVAL  Bur	WAS P  EXTERNAL CAUSE WAS  RLYING OR CONTRIB- CAUSE OF DEATH.  IME (Month) (Doy) (You OX.)  I certify that I held on resulted fram: Natural of CCTUAL IGNATURE EXAMINER'S IAME (Typy)  AL CREMATION, 23B, DATE	eor) (Hour) 2 Inquiry Inquiry John E	PLACE OF INJURY (e.g., in form, foctory, street, of the form, form	NO n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU VHILE DPSY and that on the CHIEF MEDICAL EX ASSISTANT MEDICAL EX ASSOCIATE MEDICAL EX CREMATORY 23D. L	IN CERTIFYING CAU  (If in Boltimore City, gi  IRY OCCUR?  Is basis, death in r  Jundetermined monn  CAMINER  KAMINER  KAMINER	ove exoct locotion)  my opinion er  DATE SIGNED  4-6-65

And the state of t



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No 2, DATE AND HOUR OF DEATH April 5,1965 -19:55 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) (If rurol, give location) Avenue If Under 24 Hrs. 9. AGE (In years If Under 1 Yr. Months: Doys lost birthdoy! Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennylvania U.S.A. 14. MOTHER'S MAIDEN NAME ADDRESS Decker Ave 6004 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, givo exoct location) 21F. HOW DID INJURY OCCUR? ond that in(my) (our) applyion death accurred on the date... 23B, DATE SIGNED Phys. 24D, LOCATION (City, town, or county) Balto. Md. VS 150-REV. 1/1/65

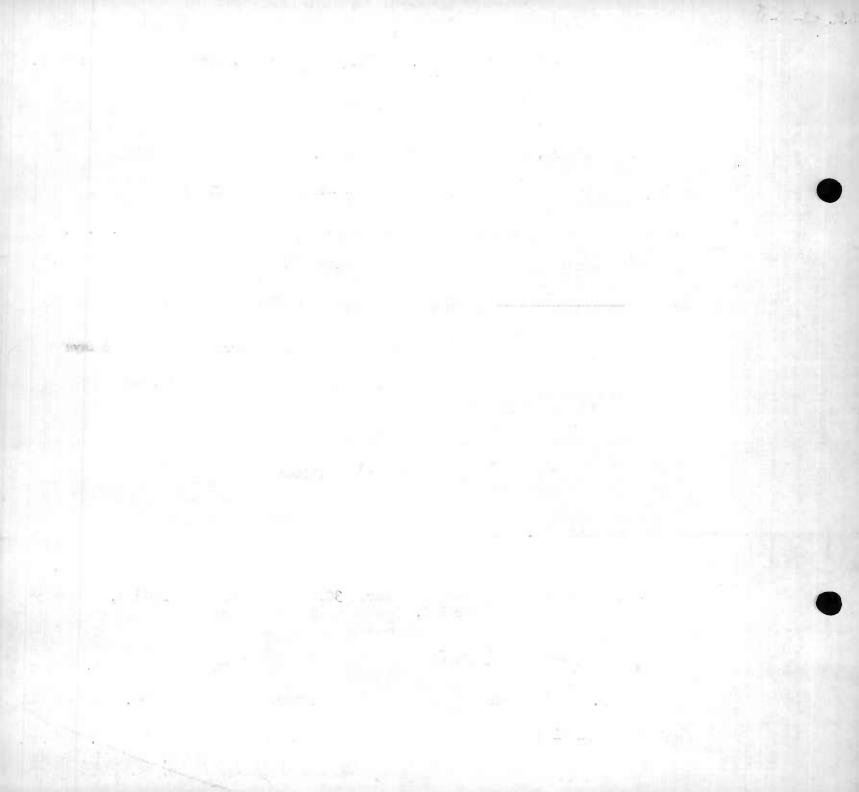


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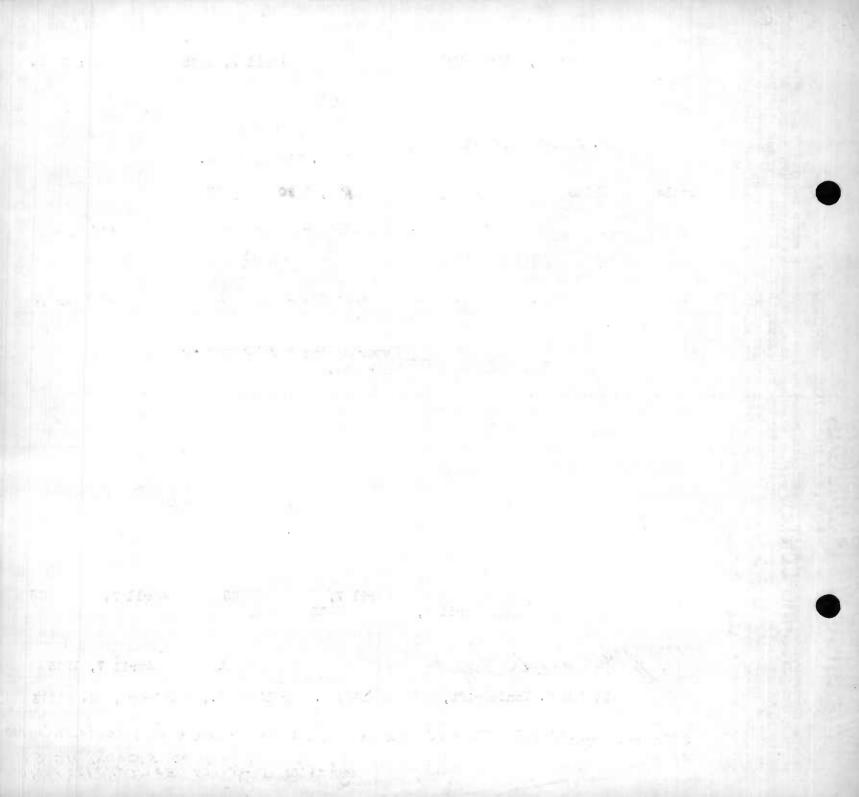
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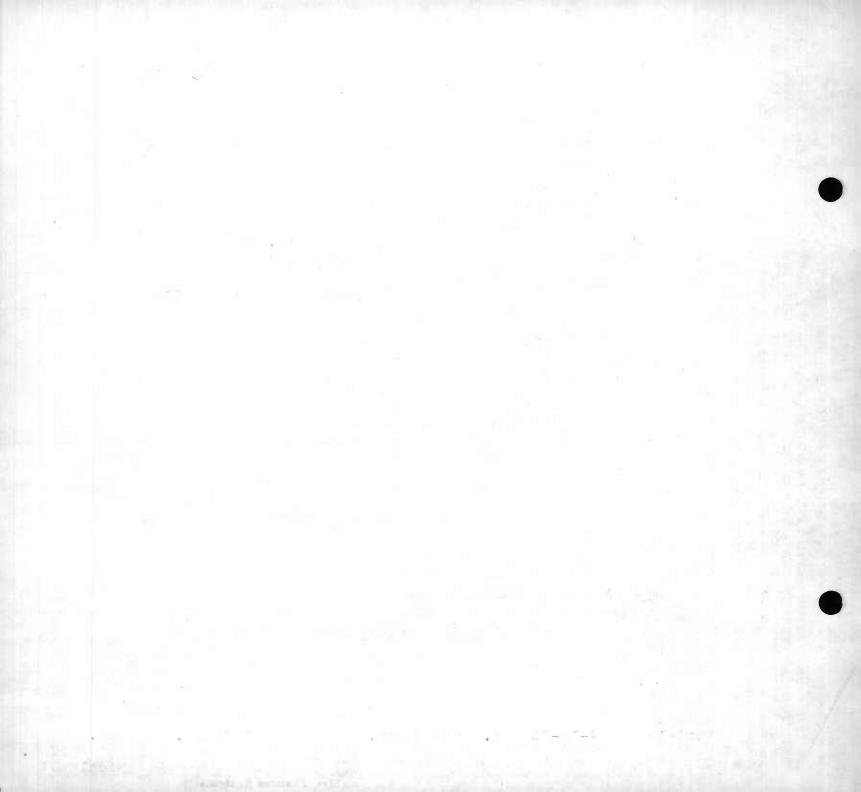
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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/65





VS 150-REV. 1/1/65

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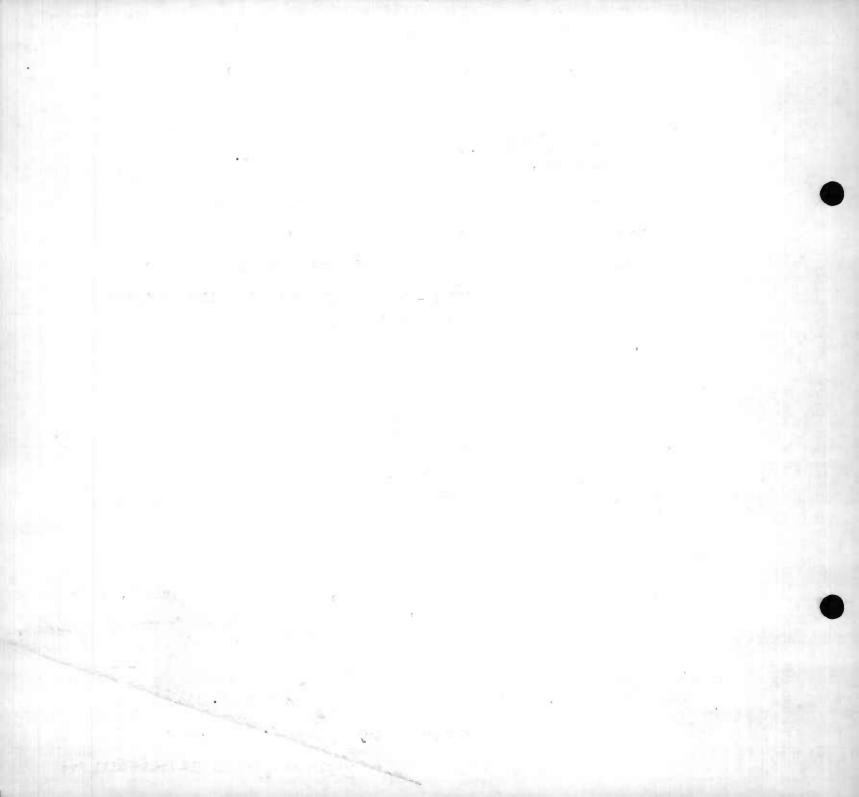
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FUNERAL DIRECTOR:

2:20 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs Mildred White 1223 Etting INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) April 6, 1965 and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED 4-6-65 (City, town, or county) 'AdoTohus Halstead 918 Druid Hill Ave VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Burial

VS 151-REV, 1/1/65

4/10/65

Mt

24B. NAME OF REGISTRAR

Calvary Cemetry

24C. FUNERAL DIRECTOR

County

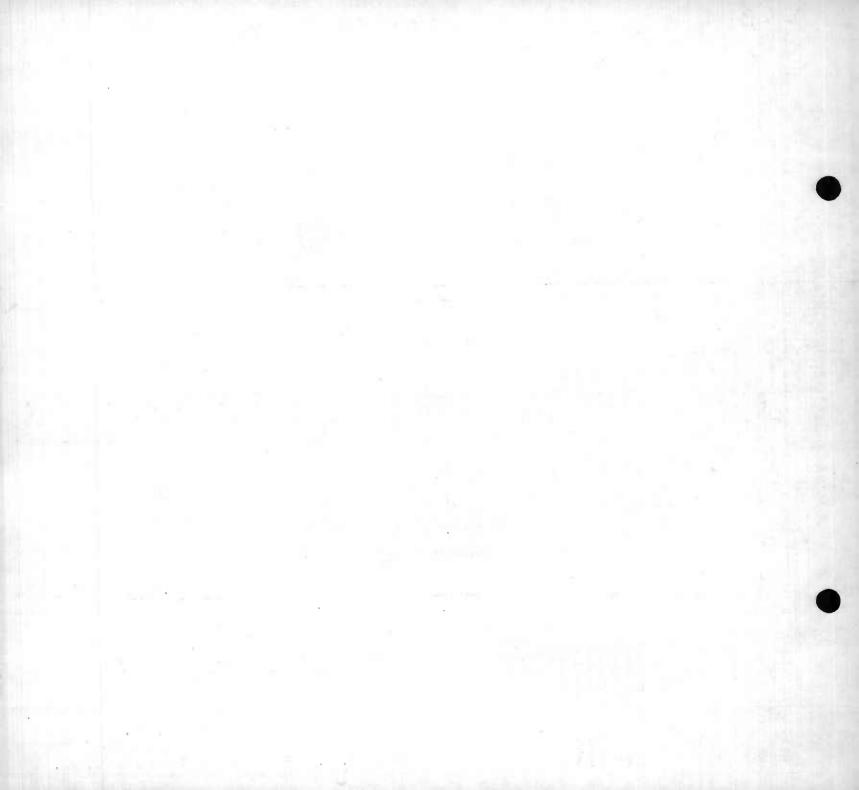
Acolphus Halstead 918 Druid Hill Ave

ADDRESS

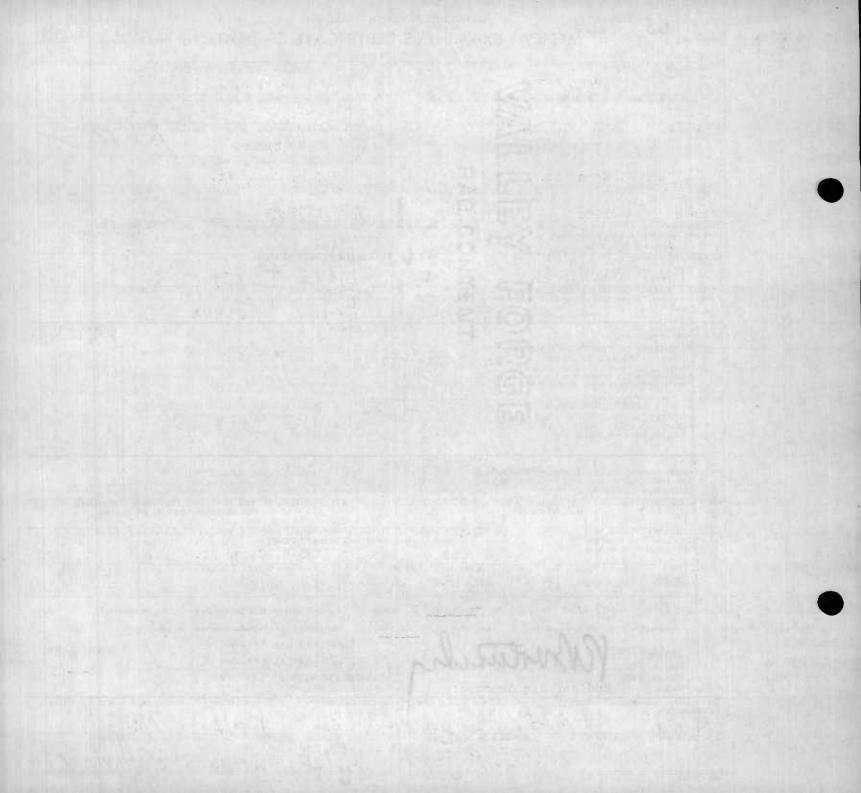
which independs the protection of the control of th

	BALTIMORE C	IT HEALTH DEPARTMENT	
	H NO. 65 3788 CERTIFIC	ATE OF DEATH Registered	No. 65 3788
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEA	ATH
	PLACE OF DEATH IN BALTIMORE MARKLAND	April 7, 19	65   5:10 1
	EACE OF DEATH IN BALLIMORE MARIEAND	A. STATE B. COUNTY	It institution: residence before admis
-	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
1	NSTITUTION / / / / / / / / / / / / / / / / / / /	REISTERSTOWN	me kokat one give lownship)
	MARYLAND GENERAL HOSPITAL	^	1.
		169 WESTMINSTER	Pike
3	M 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE/OF BIRTH 9. AGE (In yeors lost birthday) 68	Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
	ReTired Chicken Hatchery	MARGLAND	USA
3.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
	Wintied Lockerd	MARY BARNES	
S. Yes	Was Deceased Ever in U. S. Armed Forces?  In o or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT	ADDRESS
	Yes WW 1 212-44-118	Wife	SAME
	18. 4 5 1 X   CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 0 1 1 1	ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the made of dying, e.g., DUE TO	ACRTE RENAL FAILUR	6
	moon ionore, osinemo, erc. it illegits me disease.		
	ANTECEDENT CAUSES (B)	AORTIC ANEURYSM (Abo	d.)
	DISEASES OR CONDITIONS, if ony, giving	1. 1000	, ,
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION tost.	ENERALIZED HEVERIOSEL	EROSIS
	II		
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
IFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY O.		imore City, give exact location)
_	OR CONTRIBUTING CAUSE OF home, form, foctory, sfreet, etc.)	office bldg., INJURY OCCUR?	more only, give exact locononi
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
ME	OF INJURY  (APPROV)  While At   Not W	hile	
	Work L Al Wo	^	11 11 2
	22. I certify that (a) (this haspital) attended the deceased from		MARCH April 7 196
	that (a) (we) last saw the deceased alive an	19 65 and that In (aur)	aplnion death accurred on the
	and haur and fram the causes stated abave. (Me) (did)	view the bady after death.	23 B. DATE SIGNED
	B 1/ No (9) M.D.	Attending Med. Stoff	4/7/
		hys. Director Phys. 23D. ADDRESS	7/1/63
	23C. PHYSICIAN'S NAME (Type)		
24A			(City, town, or county) (Ste
	REMOVAL (Specify)	Reistersto	
	Burial 4/10/65 All Saints DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	APR 9 1965 R. Doub E. Farley M.A		eisterstown, Md.
c .	150 BEV 1///65	7 7 7	Fide

FUNERAL DIRECTOR: IMPORTANT



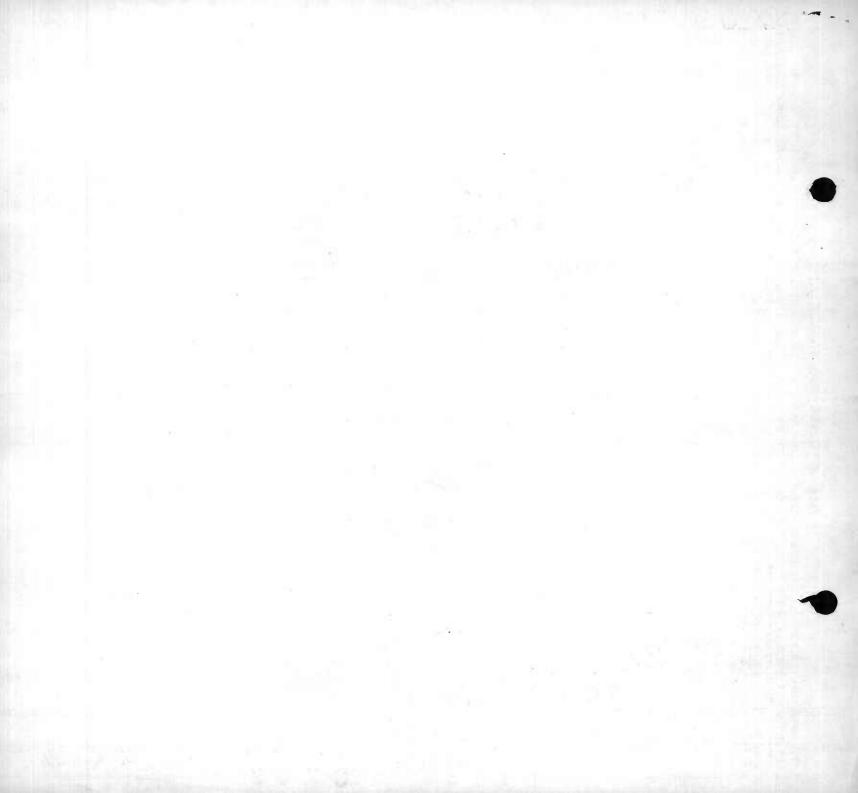
5-530	BIRTH NO.  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 3789
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	PAUL SMITH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	April 3, 1965  M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
10		D. STREET ADDRESS (If rurol, give location)
	105 N. Carey St.  5. SEX   6. RACE   7. MARKIED. NEVER MARRIED	105 N. Carey St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  male white 5/14/6	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
	done duri and the kind of work of the street	RY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME PAUL SMITH SR	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asph	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthema, etc. It means the disease, injury or complication which coused death.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	jing
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ZTA. EXTERNAL CAUSE WAS     UNDERLYING™OR CONTRIB-     UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)     Home	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  105 N. Carey St.
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 4 3 65 7 WHILE AT NOT	21F. HOW DID INJURY OCCUR?  WHILE V Hung calf
	22. I certify that I held on Inquiry	The second secon
	resulted from: Notural couses Accident Suici	de X Homicide Undetermined monner C
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSISTANT MEDICAL EXAMINER \( \frac{1}{2} \) ASSOCIATE MEDICAL EXAMINER \( \frac{1}{2} \)
	23A. BURIAL GREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY  23D. LOCATION (City, town, or county)  (Stote)  RK LEM  BALLO  APDRESS  APDRESS
	APR 9 1965 Robert E. Failey M.A.	C.F. EVANS JON 8802 HARTORY RD



65	3790	BALTIMORE CITY HEA	LTH DEPARTMENT	65 3790
		ICAL EXAMINER'S C	ERTIFICATE OF DEATH Registe	ered No.
M.E. CASE NO.			×	
1. NAME OF DEC		Mark	2. DATE AND HOUR PRONOUNC	ED DEAD
		LIAM CHAMBERS	April 7, 1965	1:40 a M.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write	01100
HOSPITAL OR	ADDRESS OR LOC	ATION)		, KOKAL and give township?
			Baltimore D. STREET ADDRESS (If rurol, give locotion)	3000
	O			
5. SEX	6. RACE	imore General	3409 Wallford Drive B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
		WIDO WED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
male	white	Never married	Aug. 15, 1963 1	8
	UPATION (Give kind of working life, even if retired)	RIOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryland 14. MOTHER'S MAIDEN NAME	USA
13. FATHER'S NAN				
	d Chambers	D FORCES?  16, SOCIAL	Roselle Claypool	A D D D E C C
	of the service of dot		3409 W	allford Dr.
			Donald Chambers, Balti	more, Md.
18. 39	121	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D	RECTLY		
(This does	LEADING TO DEATH	(A)	teral otitis media and diarr	
he ort foil ure	not meen the mode of a sthenio, etc. It meen	dying, e.g., DUE TO	and vomiting (by history	7)
	OR CONDITIONS, IF	(B)		
RISE TO TH	HE ABOVE CAUSE (A) S	STATING THE		
	NG CONDITION LAST.	(C)		
12	11			
	NIFICANT CONDITIONS			
DISEASE O	R CONDITION CAUSIN			
19A. DATE OF		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	
			Yes Yes	
UNDERLYING	OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in at about 21C. WHERE DID (If in Baltimore City, gi office bldg., INJURY OCCUR?	ve exact location)
W	SE OF DEATH.	etc.)		
21D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE VORK	
22.				
	_		ond that on this basis, death in r	
resu	Ited from: Notural co	Sulcident Sulcident		er
ACTUA	WIN	107/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNAT		alletter M.C	ASSISTANT MEDICAL EXAMINER	4-7-65
EXAMIN	NER'S Pudicor	Breitenecker	ASSOCIATE MEDICAL EXAMINER	
NAME (	MATION, 238. DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City	, town, or county) (Stote)
REMOVAL (Specif	1. 170	ILE Barrette CI	manal Bradenia	Dol
Burial	BY HEALTH DEPT.	1/65 Barratts Ch	1apel Frederica,	ADDRESS
	APR 9 1965		Offliam Berry Jo.	Milford, Del.
VS 151-REV. 1/1/	/65	196500	73796 119	

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HEALTH DEPARTMENT



R 326

BALTIMORE CITY HEALTH DEPARTMENT 3792 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD April 6, 1965 6:45 p JOHN P. ROHNACHER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS IIf rurol, give location) St. Agnes Hospital 152 S. Collins Avenue 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months Doys Hours Min. 31 30 male White MARRIE & white 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SALES MAN 13. FATHER'S NAME 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of the neck (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB-UTING CAUSE OF DEATH. Frederick Avenue so. of Augusta Avenue Street 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Hour) OF INJURY MHILE AT (APPROX.) NOT WHILE X Pedestrian struck by auto 6:35 p 22. Autapsy I certify that I held an Inquiry Inspection X and that an this basis, death in my apinian

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23D. LOCATION

Undetermined manner

DATE SIGNED

[State]

4=7-65

(City, town, or county)

resulted fram: Natural causes

23B, DATE

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

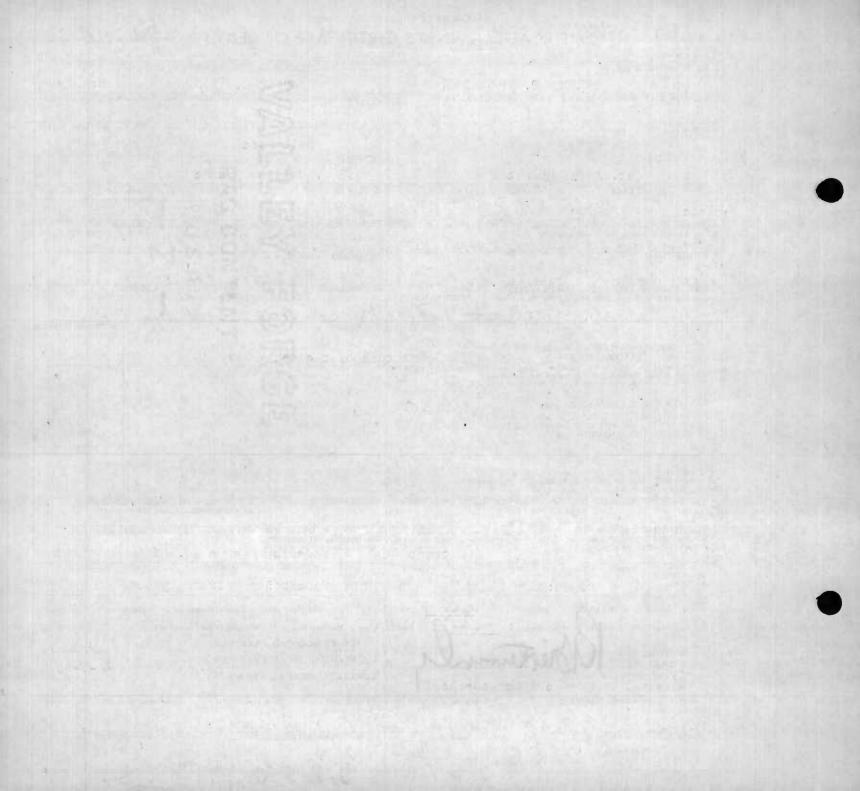
Accident X

24B, NAME OF REGISTRAR

Rudiger Breitenecker

Suicide

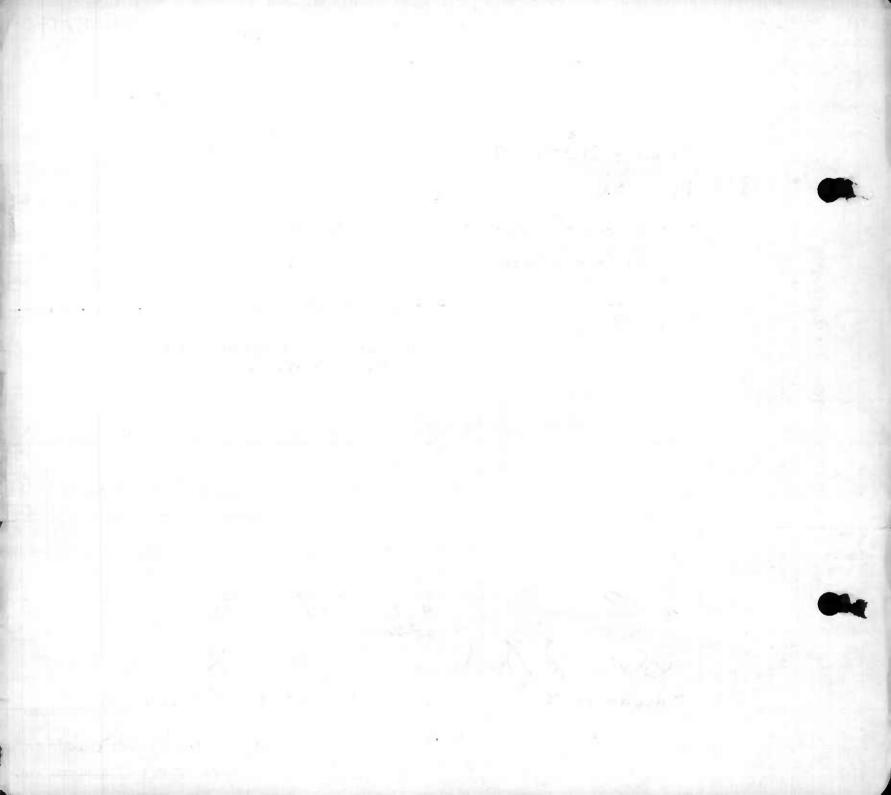
23C. NAME OF CEMETERY OF CREMATORY



7 / 3 ]		LTIMORE CITY HEALTH DEPARTMENT	
	IRTH NO.65 3793 CE	RTIFICATE OF DEATH Registered	No. 65 3793
	M.E. CASE NO.	2, DATE AND HOUR OF DE	ATH _
hospital and ise of deatl (5) Decease and death. Suc	Type or Popti	GETTE 4-8-	65 1 649/BM
+ 9 o ÷ 3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission)
deat	EILL MARK OF Missarin besited a justitution our street		ltimore
	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR addless ar lacotion) INSTITUTION	C. CITY OR TOWN (Il outside city limits, w	
d	)	Essex (21)	53-00
1	N and III south	D. STREET ADDRESS (Il rutol, give location	)
	MERCY HOSPITAL		TERN HUG
S	SEX 6. RACE 7. MARRIED, NEVER M WIDOWED, DIVORC	Per Constitute I and Co	II Under 1 Yi. II Under 24 Hrs. Months Doys Hours Min.
	M MAISKI	= D 4-12-11 lost difficacy)	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS tone during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	Oiler and Greaser Steel Mill	Virginia	USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Creed Robinette	Christine Wells	
	S. Was Deceased Ever in U. S. Armed Forces? 16. SOCI Yes, na ar unknown) (If yes, give war or dates of service) SECU	AL 17. INFORMANT	ADDRESS
(		09-7636 Eddie Robinette 44 Bliste	er St Belta 20 Md
	18. 190.0 1	CAUSE OF DEATH	INTERVAL BETWEEN
o b	DISEASE OR CONDITION DIRECTLY	L.	ONSET AND DEATH
med o	LEADING TO DEATH	METASTASIS	
9	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease,	METASTASIS	
embalmed	injury or camplication which coused death.)		
	ANTECEDENT CAUSES	DUE TO	
979	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	(C)	
	UNDERLYING CONDITION last.	***************************************	
	7		164
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B, PLACE O	PERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE O OR CONTRIBUTING CAUSE OF hame, form, fr	F INJURY (e.g., in ar about 21 C. WHERE DID (If in Balt actory, street, office bldg., INJURY OCCUR?	timare City, give exact location)
	▼ DEATH (natily medical examine) etc.)	octory, street, office blags, INJURY OCCUR?	
	O 21D. TIME (Manth) (Doy) (Year) (Hauri 21E, INJURY C		
	While At Work	Not While At Work	
	22. I certify that (Tr(this hospital) attended the decea		4-8 1965.
		.1 7	
0	that (13 (we) lost sow the deceased alive on	······································	opinion deoth occurred on the date
	ond hour and from the couses stated above. (I) (W) (d	id) (did golfview the body after death.	23B. DATE SIGNED
1		M.D. Attending Med. Stalf	
	Ellem ( Them	Phys. Director Phys.	4-8-65
	23C. PHYSICIAN'S NAME (Type)	11	
	JACUATURE K. DONOHL		SPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of C. REMOVAL (Specily)	EMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (State)
9	D	ne Funeral Home Appalachia	Virginia
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	25C. FUNERAL DIRECTOR	ADDRESS
written	APR 9 1966 (1) Clay 0 8. 4	Bruzdzinski Funeral H	lome 1407 Eastern Ave.

24A. BURIAL CREMATION, 24B. DATE
REMOVAL (Specily) DONOHUE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Removal 4/8/65
25A. DATE REC'D BY HEALTH DEPT.

APR 9 1965 Roy Greene Funeral Home Appalach ADDRESS Brizdzinski Funeral Home 1407 Eastern Ave. VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 65 3794 CERTIFICATE OF DEATH Registered No. 65 37	MON .
	7.7
MEYEK [ 1111 0 3 17 03 712	OA
3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A, STATE B, COUNTY	odmiss
FULL NAME OF (If not in hospital or institution, give street Maryland , Baltimore Balti	
INSTITUTION CONTROL OF THE PROPERTY OF THE PRO	p)
Sinai Hospital of Baltimore, Inc. Baltimore #8  D. STREET ADDRESS (If rurol, give location)	00
D. STREET ADDRESS (If rurol, give location) 3307 Smith Ave.	
5. SEX MALE 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 12-20-85 OF BIRTH South Sout	der 24 I Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, 5 RTHPLACE (S) e or foreign country)  12. CITIZEN OF WHAT COUNTRY:	
Pa/and	
+ REPAIR SHOES  13. FATHERS NAME	
THE PARTY COURTS	
HYMAN WOLF DUNN BRINA ?	
5. Was Deceased Ever in U. S. Armed Farces?  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS  SECURITY NO.	
SECURITY NO. 214-34-4624 MRS. ANN CAPLAN 3307 SMITH AVENUE	
18. CAUSE OF DEATH INTERVAL BET ONSET AND	
OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., beard leiture asthering etc. It means the disease	urs
(This does not meon the mode of dying, e.g., DUE TO heart lailure, asthenia, etc. It means the disease,	
tun da	15
ANTECEDENT CAUSES  (B) Diabetic koto acidosis CVA	
THE CONTY	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C) Bleeding rupture of sufferior (25 year dusterior)  (Aistory)	2)
UNDERLYING CONDITION lost. dus dens/ ulcer Listory	J
Z Peritonitis - secondary to	
other significant conditions contributing to the death but not related to the disease or condition causing it.  The disease or condition causing it.	
194. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED   19. CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location below), injury occur?	n)
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
S OF INJURY	
(APPROX.)	
22. I certify that (1) (this hospital) attended the deceased from 3-26 1965 to 4-8	19 65
that (1) (we) last saw the deceased alive an 4-8 19 65 and that in (my) (aur) apinian death accurred	
	an the
and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	-
Faruas En. M.D. Attending Med. Stoff Phys. 4-8-6	1
23C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type)	
BERNAS ELVERO M.D. SINAI HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote
A/O/AE CUAADET TTOU	
NOSEDALE MARY LAND	
1000 1000 1000 1000	
APR 9 1965 P. C. S. E. Salleman OSOL LEVINSON & BROS. INC. 6010 REISTERS	TOWN
\$ 150-REV. 1/1/65	

Rivers Edward

ond

0

death

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours i Min.

Hours

ADDRESS

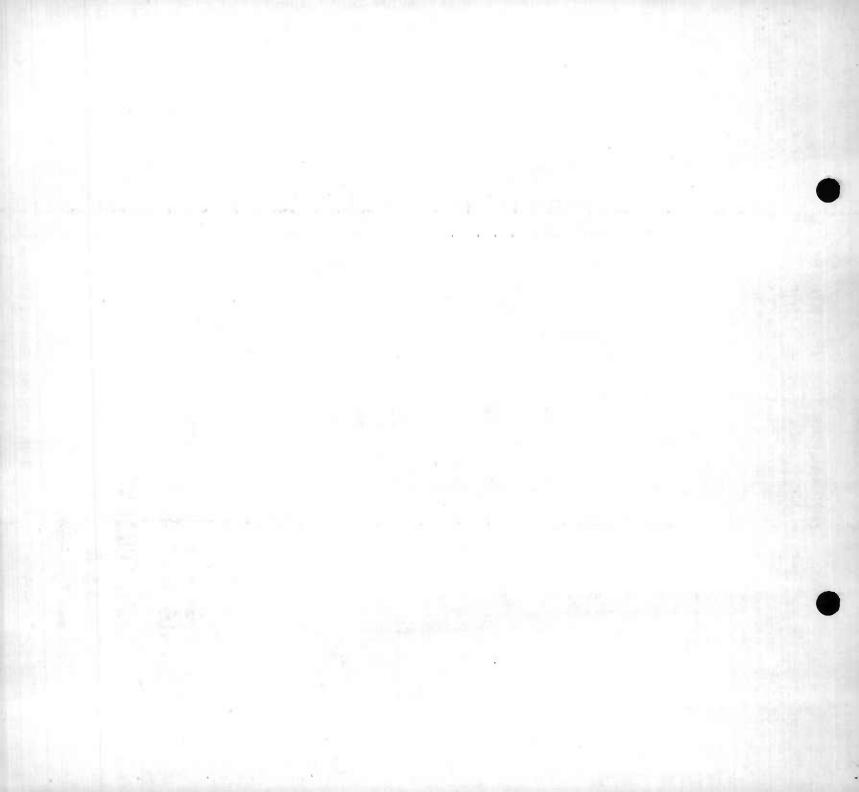
INTERVAL BETWEEN ONSET AND DEATH

4 WRD

8 8 N 50

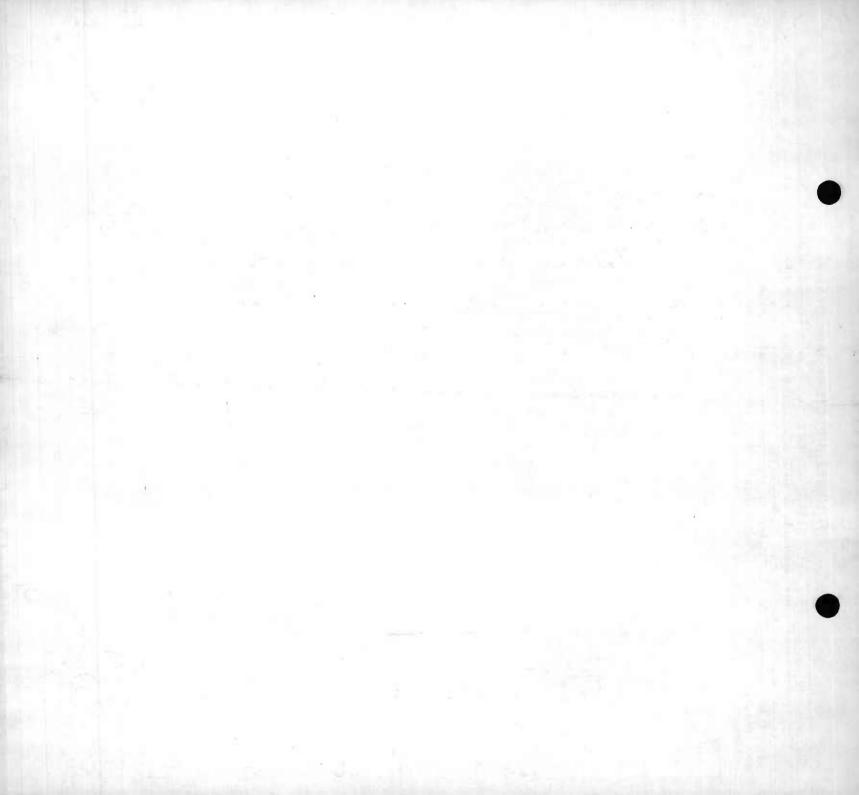
To Paylow When M. M. W. I.

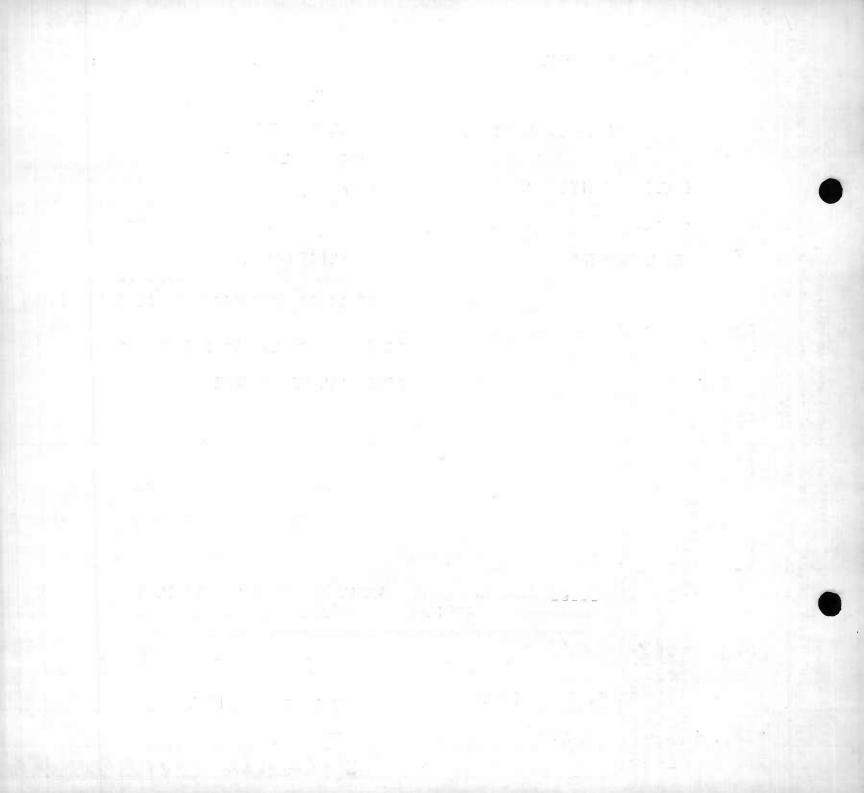
LANGER OH, HESSELLS

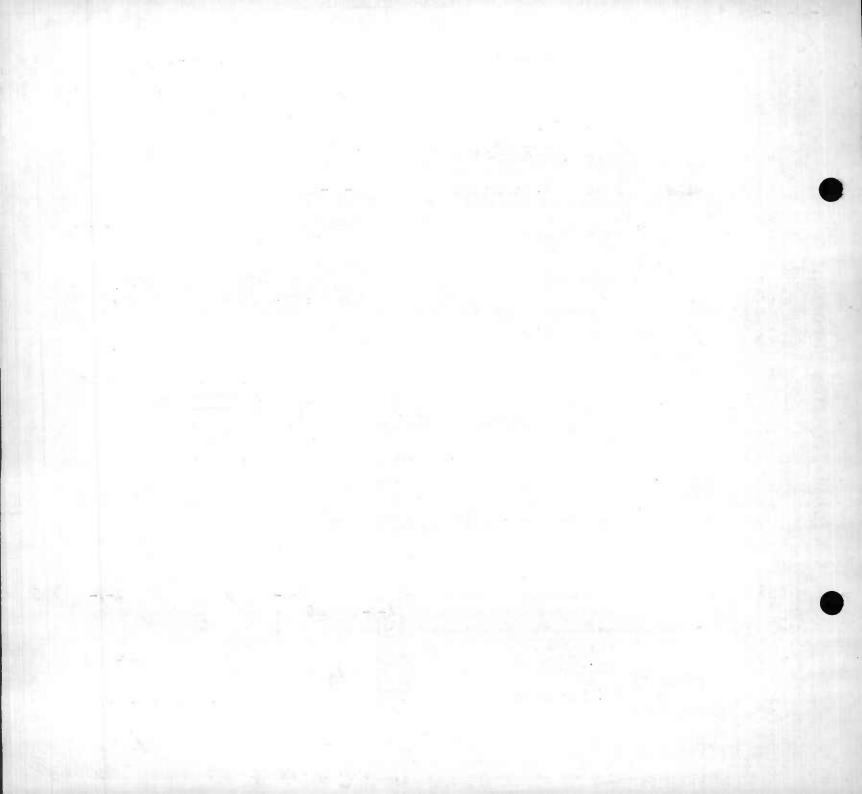


FUNERAL DIRECTOR: IMPORTANT

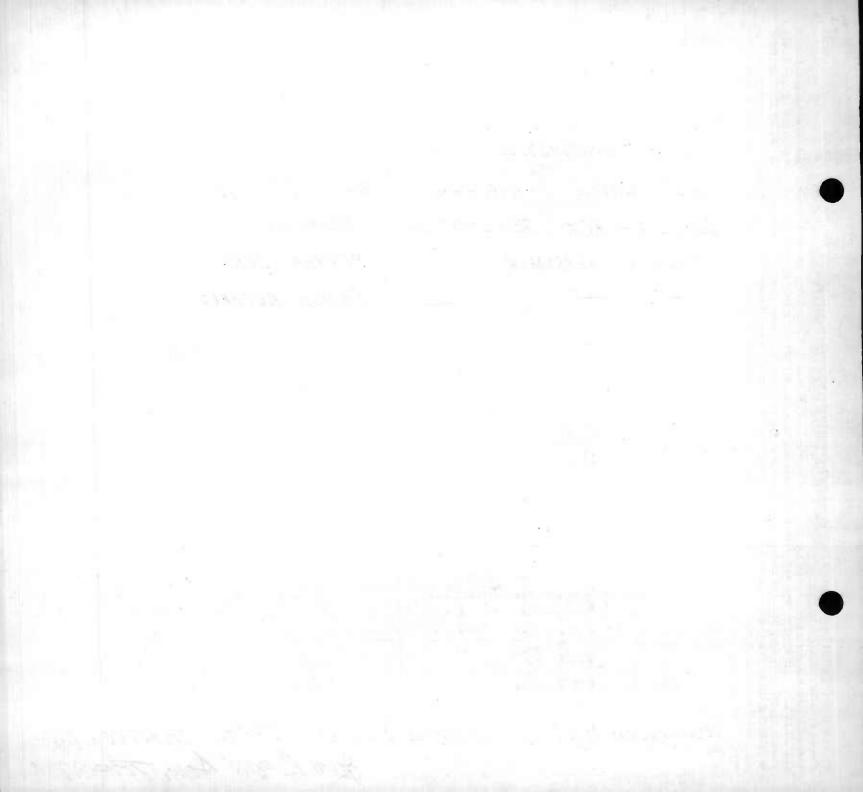
	0.000	BALTIMORE CITY	HEALTH DEPARTMENT		05 2505
	H NO. 65 3797	CERTIFICA	TE OF DEATH	Registered No.	65 3797
1. N/	CASE NO.	0,1	2. DATE AN	D HOUR OF DEATH	
Тур	e or Print) E/SIE M	Butle	R APR	1/ 5.1963	5 12 NO
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B, COUN	ro decoased lived. If inst	itution: residence before odn
FI	ULL NAME OF (If not in hospital or institution,	aive steat	nid.	/	9/04
H	OSPITAL OR oddress or location)	give sheet	C. CITY OR TOWN (If ou	tside/city limits, write RU	RAL ond give township)
		_/ _/	15A1	TIMORE	2
	126 S. Gilmore	STREET	D. STREET ADDRESS (II	rural, give location)	_
			126 0:0	rilmore	JT.,
5. \$1		NEVER MARRIED  D. DIVORCED/(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under : Months Doys Hours
FF		owed	5-8-1882	8240	20,0
10A.	USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF
done	Atthing most of working life, even if retired)  Seamstress  Sea	Singetory	MARULA	nd	WHAT COUNTRY?
-	TATHERS NAME	FITCIORY	14. MOTHER'S MAIDEN NA	ME	01
	NAXhan R	מומ	Lucret		
15 14	Vos Doceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	y Tree	ADDRESS 2//
(Yes,	,no or unknown) (If yes, give wor or dotos of sorvico)	SECURITY NO.	40 0	., 0	1 1
	NO -	212-01-4461	MRS. Geo. De	11/1/1/1/1/1	sterestown 1
	18. 420,01	CAUSE O	F DEATH	least	ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY	D.	la min scla	ration Dil	( ,
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DUE TO	10204	0010.7	1 Qui
	hearl failure, asthenia, etc. It means the disease,		71.	1	1 1 .
	injury or complication which caused death.)	(8)	H+ Lenosc	Le rosis	19.
	ANTECEDENT CAUSES	DUE TO	**************************************		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			-
	UNDERLYING CONDITION last.		<del></del>		
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO TH	G E	-		-
CA	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yos or No	208. IF YES WEDE EI	NOINGS CONSIDERED
CERTIFIC	WAS PERFORMED	WILLIAM OF EXAMINE	TANK MOTOLZES (102 OL MC	10 CERTIFYING CAUS	SES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (o.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location)
AL	OR CONTRIBUTING CAUSE OF hom DEATH (notify modical examiner)	e, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
U		INJURY OCCURRED	21F. HOW DID INJ	HBY OCCUP?	
N N	OF INJURY	ile At \ Not Whit		OK! OCCUR!	1
	(APPROX.)		Face	65 4	
	22. I certify that (1) (this hospital) attended t	he dedeosed from	124/	19 00 4	196
	that (1) (we) last sow the deceased alive on	4/2	19 0 - ond th	ot in (my) (our) opini	on death occurred on ti
1	and how and from the couses stated above. (	(did) (did)	lew the body ofter death.		
3	SA SECNATURE	0		12	38. DATE SIGNED
	les 10s	M.D. Alto	onding Med.	Stoff Phys.	4/1/61
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
	NAME (Type)	V 1 1 Ho	206 (5	1 hour	(Ly The
24A		AME of CEMETERY	100 1 A D	OCATION (City,	town, or county)
1	MEMOVAL (Specify)		0	122011	town, or county)
1-	JURIA/ 4-1-1762 1	T. JAMES	CH	TREOIT CO,	ing
25A.	DATE REC'D BY HEALTH DEPT.	OF JEGISTRAR	25C. FUNERAL DIRECTOR	4 2.3.1	Sylves Vistle
	APR 9 1965 (R.C.)	0-3-0	L&//SWA/	I 120X641	ma.
/S 1	50-REV. 1/1/65				





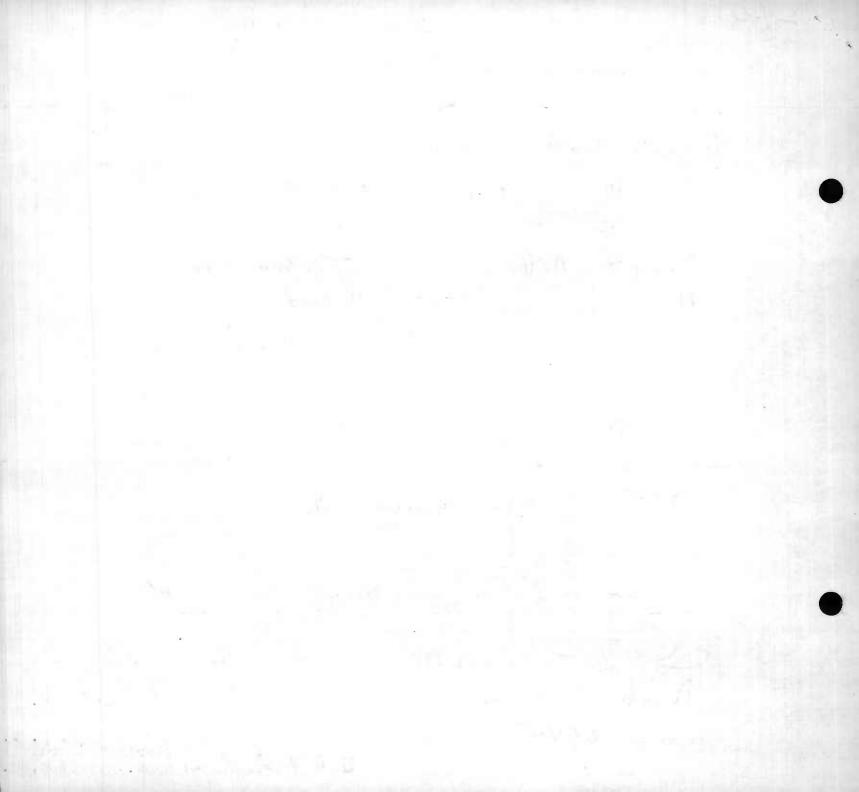


-	4 No. 65 3800 CERT	ORE CITT HEALTH DEPARTMENT	65 200
BIF	CERI	IFICATE OF DEATH Registered I	No. 00 3800
1,1	AME OF DECEASED	2. DATE AND HOUR OF DEA	ATH
Ty	e or Print) PAUL W. HERRMANN	APRIL 2,19	65 11:50 P.
	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admiss
	ULL NAME OF (If not in hospital or institution, give street	MARYLAND	TALBOT CO.
	OSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
	HOUSE-IN-THE-PINES NURSING	HOME EASTON	70-00
	2525 W. BELVEDERE AVENUE		
	6. RACE 7. MARRIED, NEVER MARRIED (1)	enaciful last highday	Months Doys Hours Min
/	THIE WHITE WIDOWER	SEPT. 8,1873 91	
ot	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR during most of working life, even if retired)	1410	12. CITIZEN OF WHAT COUNTRY?
V	EWELER - RET. SELFEMPLOYE	ED MARYLAND	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
F	REDERICK HEREMANN	BERTHA BORK	
5.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	,no or unknown) (If yes, give wor or dotes of service) SECURITY	FAMILY RECORDS	
_	18. 44. 0. 0. 1	CAUSE OF DEATH	INTERVAL BETWEEN
			ONSET AND DEATH
	LEADING TO DEATH	My Seremeleration carles	
	(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	Vaccular decese	0
	injury or camplication which caused death.)	ale and decine	10
	ANTECEDENT CAUSES (8)	JE TO	1020
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above couse (A) sloting lie (C UNDERLYING CONDITION last.	)	
	•		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		TRANSPORTER TO STATE OF THE STA
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC		no	
	OR CONTRIBUTING CAUSE OF home, form, foctory	JURY (e.g., in or obout 21 C. WHERE DID (If in Boltin, street, office bldg., INJURY OCCUR?	imore City, give exact location)
CAL	DEATH (notify medical examiner) etc.)		
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCU		
>	(APPROX.) While At	Not While At Work	
	22. I certify that (I) (this hospital) attended the deceased	from July 1957 to	april 2 1968
	that (I) (we) last saw the deceased alive an	Upr / 1965 and that in(my) (aur)	
			opon doorn accorred oil the
	and haur and fram the causes stated abave. (I) (We) (did) (	and not, view the body after death.	23B. DATE SIGNED
	F. 1 1/201	M.D. Attending Med. Stoff	(10.11)
	23C HYSICIANS	Phys. Director Phys. 23D. ADDRESS	Upv4468
	23C. PHYSICIAN'S NAME (Type)	1 11 1 1	
	FREDERICK / VOLLMER	M.D. 6100 York Re	
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	ERY of CREMATORY 24D. LOCATION	(City, town, or county) (State
RL	MOVAL BURIAL APRIL 5, 1965 SPRINGHI	LL CEMETERY EASTON, 7	ALBOTCO, MD.
25	DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAL	A. 25C FUNERAL DIRECTOR	ADDRESS
	APR 9 1965 Opcor 8 300	Janes Brown An	10, Town, MA
ŝ	150-REV. 1/1/65		



	BAI	LTIMORE CITY	HEALTH DEPARTMENT	<i>*</i> -
	H NO. 65 3801 CE	RTIFICA	TE OF DEATH Registered No. —	<del>- 65 3801 -</del>
1, N (Ty	AME OF DECEASED PRICE WYKIC	P comm	2. DATE AND HOUR OF DEATH April 6, 196	51810 AM
	CULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE B. COUNTY	HARFORD
56	NSTITUTION		C. CITY OR TOWN (If outside city, limits, write RU  D. STREET APDRESS (If rurol, give focotion)	RAL and give township) Box 108
100	niversity Hospital, Balt	0	Aberdoen, Md-	62-00
5. :	F WIDOWED, DIVORC	ED (specify)	10-25-25   lost birthdoys	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS during most of working life, even if retired) Home	OR INDUSTRY	West Virginia	12. CITIZEN OF WHAT COUNTRY?
13.	Enmett Arthur		Thelma Kirk	
1S. (Ye	Was Deceased Ever in U. S. Armed Foices?  ,no of unknown) (If yes, give wor or dates of service)  233-2	12-0974	17. INFORMANT Husband	SAME
	18.331XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(AChro	nic Subdural Hemakerna	?
ŀ	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO		
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED LINE IN	emaberno		
CALC			n or about 21C, WHERE DID (If in Boltimore ( ffice bldg,, INJURY OCCUR?	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY C While At Work	Nat Whil At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that ## (this hospital) attended the decease	sed from	3/28/65 19 to 4/	an death accurred on the dat
	and hour and from the couses stated above. (1) (We) (di	id) ( <del>did not)</del> v		
1	23A, SIGNATURE and T. Tawers	Phy Phy	ending Med. Stoff	SIR DATE SIGNED
24/	23C. PHYSICIAN'S NAME (Type)  OMA O T. LEWERS  BURIAL CREMATION, 24B. DATE   24C, NAME of CE	M.D.	University Haspital	Bollo Md.  Town, or county) (Stote)
241	REMOVAL (Specify)	st Ceme		r Springs, W.V
25/	Removal 7/7/7 HILICTES. DATE REC'D BY HEALTH DEFT. 258. NAME OF REGISTR	A.A.	2SC. FUNERAL DIRECTOR / Ta	rring Paneral me. Aberdeen, M
25/ VS	150-REV. 1/1/6S		10 March 140 110	mo . Aber deem, M.

FUNERAL DIRECTOR: IMPORTANT



:	DEATH	Registered	D.J.	उस
	DEATH	Registered	No	OUL

BIRT	H NO.	WEDI	CALEX	CAMINER'S CI	RIFICALE	OF DEAT	H Registe	red No	000%
-	L CASE NO.								
	De or Print)				2. [	DATE AND HOUR	THE STATE OF THE S	DEAD	0.05.4
			B. WIL			April 6,	1965		9:05 A. M.
3. F	LACE IN BALT	IMORE MARYLAND, WI	HERE PRONO	INCED DEAD	A. STATE	E(Where deceased	B. COU		dence before odmission)
FUI	LNAMEOF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN	Virginia	la limita verta		rkeley
IN S	SPITAL OR	ADDRESS OR LOCA	TION)		C. CITT OK TOWN	(if duistae carpara	ie milis, write	KOKAL O	no give lownship!
		MADSIT AND	OFFINED AS	T TIOODTENAT	Marti	nsburg			-45
-		MARYLAND	GENERA	L HOSPITAL	D. STREET ADDRESS			: 4	
5. S	EV	6. RACE	7 AAA BRIED	NEVER MARRIED	B. DATE OF BIRTH	SXRRESAXE	GE (In years	III II ada	1 Yr. If Under 24 Hrs.
				DIVORCED (specify)		lost	birthday)	Months	Doys Hours Min.
	Male	White	Marr		January 12,		52		
		JPATION (Give kind of work vorking life, even if retired)		BUSINESS OR INDUSTRY				12. CITIZI WHA	EN OF T COUNTRY?
	Truck	driver	Steel		Martinsbu		•	U	SA
13, 1	FATHER'S NAM	NE .			14. MOTHER'S MAID	EN NAME			
		illiam Wilbur			Daisy Bel	1 Bowers		- 23	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No	No			Audra Bak	er Wilbur	n- Ro	ute 4	, Martinsburg
	1B. (1 )	01.		CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DIE	ECTI V					15-15	ONSET AND DEATH
		LEADING TO DEATH		(A) Arte	riosclerotic	cardiova	scular		
	(This does n heart failure,	oot meon the mode of osthenio, etc. It meons application which coused o	dying, e.g., the discose,	DUE TO		disease			
	injury or con	nplication which coused o	leath.)					O' EN	
	А	NTECENDENT CAUSE	S	(8)				72513	
	DISEASES	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING	DUE TO	***************************************				***************************************
	UNDERLYIN	IG CONDITION LAST.	ATING THE					-1	
Z			THE STATE	(C)					
F	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTIO	NG					
유	TO THE	DEATH BUT NOT REL	ATED TO T						
CERTIFICATION	19A. DATE OF	CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 20B. IF	FS WERE FIN	ADINGS C	ONSIDERED
CE	)	WAS PERF		THE STERATION			FYING CAUS		
4	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHE	RE DID (If in Bolt		ve exact la	acation)
EDICAL	UNDERLYING DUTING CAU	OR CONTRIB-	home etc.)	, farm, foctory, street, a	ffice bldg., INJURY OC	CUR?			
ME	21 D TIME		(11 ) 12	1E. INJURY OCCURRED	215 HOW	ND INTUNY OCC	1102		
	OF INJURY	(Month) (Doy) (Year)				DID INJURY OCC	OK:		
	(APPROX.)		m. V	VHILE AT NOT V	ORK		O TIN		
	22.	ify that I held on Ir	nquiry 🗌	Inspection Aut	opsy X and the	ot on this bosis	, deoth In m	y apinio	n
	resul	ted from: Notural cau	ses X	Accident Sulcide			nined manne		
		7				CAL EXAMINE			
	ACTUAL		611	na -	ASSISTANT MEDI				DATE SIGNED
	SIGNAT	~ '	1490	M. D.	ASSOCIATE MEDI				4-6-65
	EXAMIN NAME (		John	E. Adams, M.D		CAL EXAMINE	K 🗀		
	BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY o		23D. LOCATION	N (City,	town, or	ceanly) (State)
REA	AOVAL (Specify			000101 0 1					
244	Buria1	4-9-65 BY HEALTH DEPT.		osedale Cemet	24C. FUNERAL D	Marti	insburg	Berk	celey W. Va.
241	A A	PR 9 1965	D D Z	C. Z. D.	HAIN	ard K	Braw		(DURES)
	-	1209 (	John	E Marken H. II	Brown I	Funeral Ho			irg, W. Va.
VS	151-REV. 1/1/	65	7 13	5	3 8 0	-			

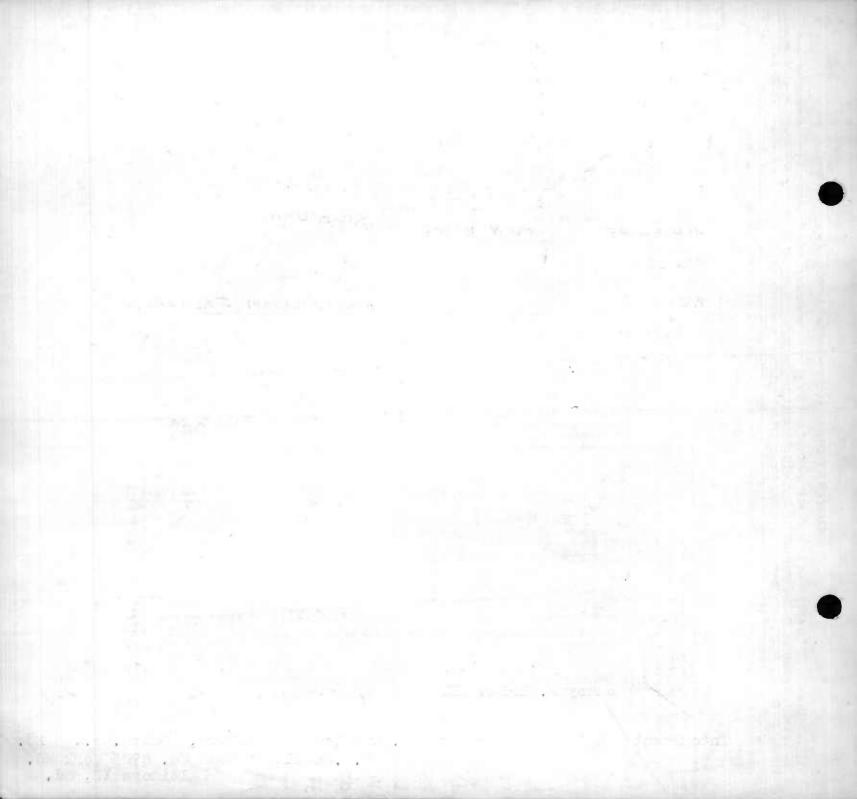
Butter of the Paris Harrist , N. . W. 

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

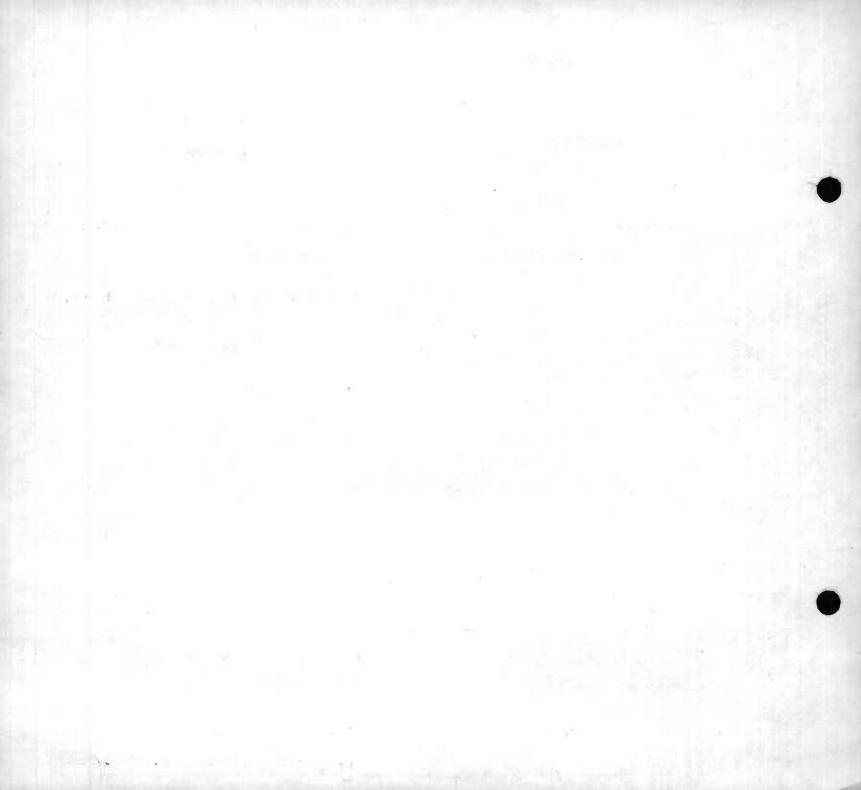
BIRTH NO. 65 380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5 3804

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#-	40	0	1. (T
			-

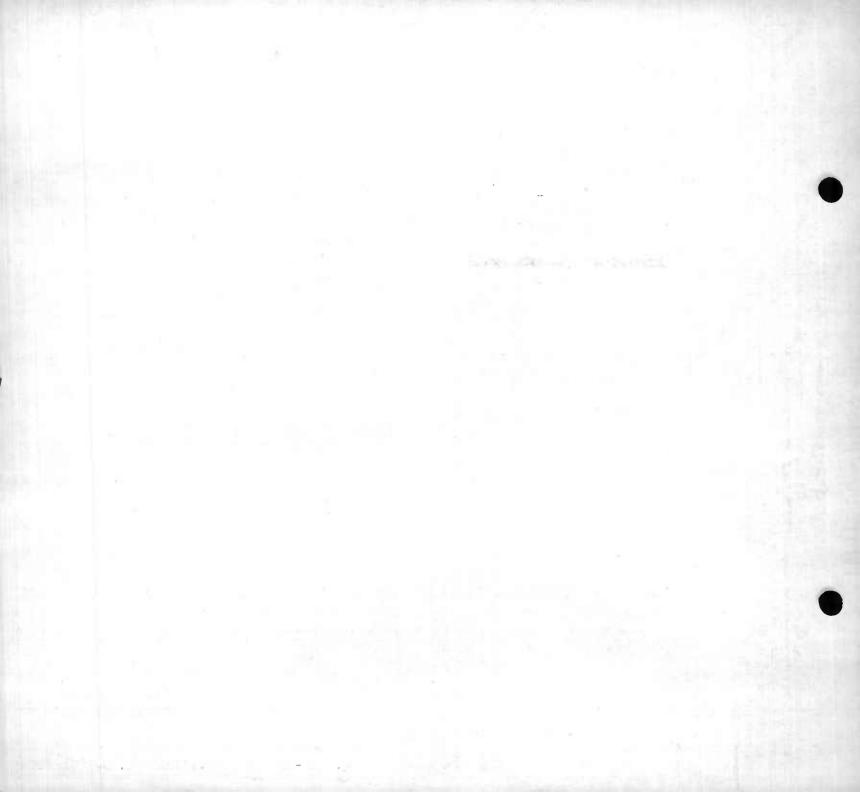
VS 151-REV. 1/1/65

I. NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Typo or Print)	JAM	ES O. HI	LL		Apr	il 3, 1965		7:25 p
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUN	NCED DEAD	A. STATE	ence (Where aryland	docoosod lived. If ins	stitution: les	idence before admission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	TON, GIVE STREET			corporate limits, writ	to RURAL	and give township)
NSTITUTION	ADDRESS OR LOCA	( II O I VI			altimore	11	-	18
				D. STREET ADD			9	
	Mercy Hospi	t = 1			lsinore			
5. SEX	6. RACE	7. MARRIED, N	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In yours	If Unde	r 1 Yr. If Under 24 Hi
male	white	•	vorced(specify)	Oct. 2	3, 1905	lost birthdoy)	Months	Days Hours Min.
IOA, USUAL OCCU	PATION (Give kind of work						12. CITIZ	LEN OF
	vorking life, even if retired)			Marlin	ton W.	Va.	WHA	S.A.
3. FATHER'S NAM				14. MOTHER'S M				
Ri	chard W. Hi	11		Anna D	uncan			
5. WAS DECEASED	D EVER IN U.S. ARMED	FORCES?	6. SO CIAL	17. INFORMANT			ADDRES	S
res, no or unknown?	(If yes, give wer or dote	s of sorvice	SECURITY NO.	Mrs. Ar	lene Bo	wers Arl	borva	le W. Va.
18.	G I		CAUSE	OF DEATH				INTERVAL BETWEEN
A	INTECENDENT CAUSE OR CONDITIONS, IF A	:S	(0)	sion of e	sophagu	S	•••••••	
DISEASES ( RISE TO THI UNDERLYIN	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI	S NY, GIVING TATING THE	(C)G	sion of e	sophagu	S		
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DISEASES ( RISE TO THI UNDERLYIN	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) SI IG CONDITION LAST.  II INIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	CONTRIBUTION LATED TO THE	(C)G		? (Yos or No)	20B. IF YES, WERE FI		
DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST AG CONDITION LAST,  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS	CONTRIBUTING LATED TO THE SIT. IDITION FOR W FORMED	(C)G	20A. AUTOPSY Yes	? (Yos or No)		SES OF D	EATH?
DISEASES ( RISE TO THIN UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING UNDERLYING CAUS  21D TIME OF INJURY	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST AG CONDITION LAST,  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS	CONTRIBUTING TATING THE  CONTRIBUTING TATING THE  CONTRIBUTION TO THE TATING THE  21 B. PI home, etc.)	G E HICH OPERATION  LACE OF INJURY (o.g., i form, foctory, street, o	20A. AUTOPSY Yes n or obout 21C. V	? (Yos or No)	20B. IF YES, WERE FIN CERTIFYING CAU YES f in Boltimoro City, g	SES OF D	EATH?
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING UNDERLYING UTING CAUS 21D TIME OF INJURY (APPROX.)	INTECENDENT CAUSE OR CONDITIONS, IF A OR CONDITIONS, IF A IF A BOVE CAUSE (A) ST IF A BOVE CAUSE (A) ST IF A BOVE CAUSE (A) ST IF A BOVE CAUSE OPERATION CAUSING OPERATION 19B. CON WAS PERIOR CONTRIB- SE OF DEATH.	CONTRIBUTING TATING THE  CONTRIBUTING TATING THE  CONTRIBUTION TO THE TATING THE  21 B. PI home, etc.)	G E HICH OPERATION  LACE OF INJURY (o.g., i form, foctory, street, o	20A. AUTOPSY Yes n or obout 21C. V ffice bldg., INJURY	YHERE DID	20B. IF YES, WERE FIN CERTIFYING CAU YES f in Boltimoro City, g	SES OF D	EATH?
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OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF UNING UNING CAUSE OF INJURY (APPROX.)  22. 1 cert result	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) SI IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OPERATION 119B. CON WAS PERI L CAUSE WAS SE OF DEATH.  (Month) (Doy) (Your ify that I held on lited from: Natural countered to the control of the contr	CONTRIBUTING TATING THE CONTRIBUTING THE CONTRIBUTION THE CONTRIBUTING THE	G E HICH OPERATION  LACE OF INJURY (o.g., i form, foctory, street, o  E. INJURY OCCURRED HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPSY Yes n or obout 21C. V ffice bidg, INJURY 21F. HO ORK OPSY X ON	? (Yos or No)  WHERE DID (I OCCUR?	20B. IF YES, WERE FINCE CAU LES f in Boltimoro City, g RY OCCUR? s bosis, deoth în a	my opinia	eath?
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DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF UTING CAUSE OF INJURY (APPROX.)  22. 1 cert result SIGNATURE EXAMIN	INTECENDENT CAUSE OR CONDITIONS, IF A OR CONDITIONS, IF A IG CONDITION LAST.  II INFICANT CONDITIONS OPERATION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Your ify that I held on it ted from: Natural country URE	CONTRIBUTING TATING THE  CONTRIBUTING LATED TO TH GIT.  CONTRIBUTING LATED TO TH GOVERNMENT  CONTRIBUTING LATED TO TH CONTRIB	GE HICH OPERATION  LACE OF INJURY (o.g., i form, foctory, street, o  E. INJURY OCCURRED  HILE AT NOT AT W  Inspection Aut  Cident Suicide  M.D.	20A. AUTOPSY Yes n or obout 21C. V ffice bidg, INJURY 21F. HO ORK OPSY X ON	YHERE DID (I) OCCUR?  OW DID INJU  d that on this  de U  EDICAL EX  EDICAL EX	20B. IF YES, WERE FIN CERTIFYING CAU Yes f in Boltimoro City, g  RY OCCUR?  s bosis, death in a ndetermined mann AMINER  AMINER	my opinia	eath?
DISEASES (RISE TO THE UNDERLYIN UNDERLYIN TO THE DISEASE OF TO THE	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST ING CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OPERATION 19B. CON WAS PERI L CAUSE WAS LOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yoor ted from: Naturol couler's URE URE LER'S Type) Rudiger	CONTRIBUTING TATING THE  CONTRIBUTING LATED TO TH GIT.  DITION FOR W FORMED  21 B, PI home, etc.)  (Hour)  21 B, PV home, etc.)  W m, W M  Breitene	Cher	20A. AUTOPSY Yes n or obout 21C. V ffice bldg., INJURY  21F. Ho ORK OPSY X one CHIEF M ASSISTANT M ASSOCIATE M	YHERE DID (I) OCCUR? OW DID INJU d that on this ide U EDICAL EX EDICAL EX	EXAMINER AMINER AMINER	my opinio	DATE SIGNED 4-4-65
DISEASES (RISE TO THE UNDERLYIN UNDERLYIN OTHER SIGN TO THE DISEASE OF 19A. DATE OF	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) SI IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OPERATION [19B, CON WAS PERI L CAUSE WAS SE OF DEATH.  (Month) (Doy) (Your ify that I held on lited from: Natural con ure URE URE URE WATION, [23B, DATE	CONTRIBUTING TATING THE  CONTRIBUTING LATED TO TH GIT.  CONTRIBUTING C	GE HICH OPERATION  LACE OF INJURY (o.g., i form, foctory, street, o  E. INJURY OCCURRED  HILE AT NOT AT W  Inspection Aut  Cident Suicide  M.D.	20A. AUTOPSY Yes n or obout 21C. V ffice bidg., INJURY ORK  OPSY X ONC CHIEF M ASSISTANT M ASSOCIATE M CREMATORY	YHERE DID (OCCUR?  OW DID INJU  d that on this ide UEDICAL EX EDICAL EX 1EDICAL EX	EXAMINER AMINER AMINER	my opinio	DATE SIGNED 4-4-65

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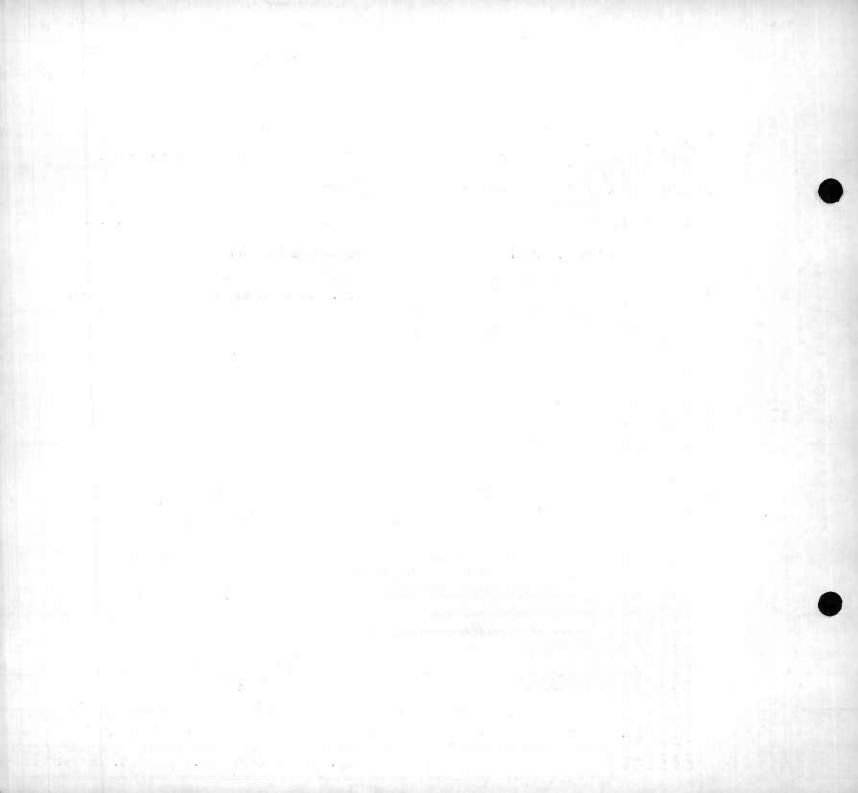


		2000	BALTIMORE CITY	HEALTH DEPARTMENT		65 3806
BIRTH NO.	65	3806	CERTIFICA	TE OF DEATH	Registered No	00 3000
M.E. CASE NO.	CEASED		0=1(11110)		AND HOUR OF DEATH	
Type or Print)	COTHY IREN		LDFIELD	Ai	PRIL 7 1	9651 4 P. A
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V A. STATE B. CO	Vhere deceased lived. If ins JUNTY	stitution; residence béfore odmission
FULL NAME	OF (If not in hospital	or institution.	give street	MARYLAN.	D	
HOSPITAL OF				C. CITY OR TOWN (If	outside city limits, write R	URAL and give township)
	TEBELLO STA	TE H	OSDITAL	BALTIMO	RF 21218	
1 CCIO	LEBULLE SIA	10 11	C 1/1 - 1/1 -	D. STREET ADDRESS	(If turol, give location)	10-10
				3114 AB	ELL ALE.	1209
• S EX	6. RACE	7. MARRIED	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
	W		ARRIED	5/27/97	67	7000
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	of working life, even it retired)	State	of Maryland	NEW YO	PRK	WHAT COUNTRY?
B. FATHER'S NA	ERK.			14. MOTHER'S MAIDEN		(0, ), //
		. 6 . 1	X			
	DWARD		8,1	0	it king	
es, no oi unknov	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			217-26-2802	HOSPITAL	PECCEPS -	MONTEBELLO
18, 9	D.Y. I		CAUSE O	*	Co. 177	INTERVAL BETWEEN
OK 0	ASE OR CONDITION DI	ECTLY				ONSET AND DEATH
Distr	LEADING TO DEATH	ALC ILI		PEREBRAL	THROMBUST	F.\$
	not mean the mode of		, DUE TO			
	e, osthenio, etc. It meons emplication which coused			A	11-1-1-1-1-1	6
	ANTECEDENT CAUSES		(B)	DIABETES	HELLITE	>
DISEASES			DUE TO			
	OR CONDITIONS, if					
	NG CONDITION lost.		( = / 000000 0		***************************************	
	II					
	DEATH BUT NOT RELA					
	R CONDITION CAUSING		16			
19A. DATE C	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
				NO		
OR CONTRI	BUTING CAUSE OF	211 hor etc	ne, form, lactory, street, o	n or obout 21 C. WHERE DIC fice bldg., INJURY OCCUR		City, give exact location)
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 216	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2 01 1143011		w	hile At Not Whil			
(APPROX)			ork L At Work			
22. I certif	y that (1) (this hospita	) attended	the deceased fram	IAN. 20,	1965 to Al	RIL 7, 19 65
that (1) (we	ast saw the decease	d alive an.	APRIL 7	19 65 and	that in (my) (aur) apin	lan death accurred an the dot
				lew the bady after deat		
23A, SIGNAT			., () (4.0) (410 1141) (	The bady after deal		23B. DATE SIGNED
	Elsa R. n		M.D. Atte	ending Med.	Stoff 1	April 7, 1965
22.0		Mani	Phy	s. Oirector	Stoff Phys.	17011 1,1763
NAME			M.D.	23D. ADDRESS Mont	excels St	all Hosp.
4A. BURIAL CE	REMATION, 24B. DATE	24C. N	AME of CEMETERY of CR	MATORY 1240	LOCATION (City	y, town, or county) (State)
REMOVAL	(Specify)			1240		,,
BURIAI			llawn Cemetery		Woodlawn, Md	
SA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
APR 9	1965 12.0	18 36	Devisa B 1	Wm, Cook-Bro	oks, Inc., 121	7 St.Paul Street
S 150-REV. 1/1	/65					



VS 150-REV. 1/1/65

	0.1=	0000	BALTIMORE CI			65 3807
ARTH NO.	65	3807	CERTIFIC	ATE OF DEATH	Registered No	00 3001
NAME OF DE	UilliAM F	: 5m:	th.	2. DATE AL	D HOUR OF DEATH	945 A
. PLACE OF D	EATH IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE (Who	ore deceased lived. If in	stitution: residence before admissi
FULL NAME		ital or institution	n, give street	MARYLAND.		1-03
INSTITUTION				C. CITY OF TOWN (If ou	tside city limits, write R	URAL and give township)
	Memorial			BAITIMORE -	rural, give location)	
BAITIM	ore, MARY			120 S. Cal		freet.
MALE	white	7. MARRIE WIDOW S 1	D. NEVER MARRIED LED. DIVORCED (specify) LING LE	9/29/8/	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of vortice of working life, even if retire on ker		B & O	Baltimore, M		12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	Julius H.	Smith		14. MOTHERS MAIDEN NA Ernestine Gun		
5. Was Deceas	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknov no	wn) (If yes, give wor or	dotes of service	SECURITY NO.	Mrs. Clara Mc	Gee, 4903 Pa	rkton Court,
18. 4.1	2011		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASES rise to UNDERLYIN  OTHER SIG TO THEE DISEASE O  19A. DATE (	WAS UNDERLYING	ons the discossed death.) SES  if any, givin A) stating the CONTRIBUTE ELATED TO G IT. CONDITION FOR	NG THE R WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?  City, give exact locotion)
OR CONTRI	BUTING CAUSE OF	h		office bldg.,	(If in Boltimore	City, give exect location)
21 D. TIME OF INJURY	(Month) (Doy) (Ye	V	TE INJURY OCCURRED While At Not W		JURY OCCUR?	
			Vork At Wo	rk 🗀	1011	10
	e) last saw the dece		the deceased from	196 4 and 1	nat in (my) (our) opin	1942 nion death occurred on the
		stated abgive.	(i) (We) (did) (did nat	) view the body after death.		
and hour a	TURE	John	110 M.D. A	Attending Med. hys. Director	Stoff Phys.	238. DATE SIGNED
and hour a	TURE	stated above.	110 M.D. A	Attending Med. hys. Director	Stoff	238. DATE SIGNED 4/7-65
23A. SIGNA 23A. SIGNA 23C. PHYSIC NAME	TURE  TURE  REMATION, 24B. DATE (Specify)	John 107	150 M.D. F	Attending Med. Phys. Director    23D. ADDRESS   CREMATORY   24D.	Stoff Phys. D	4/7-65 1739 17, town, or county) (State

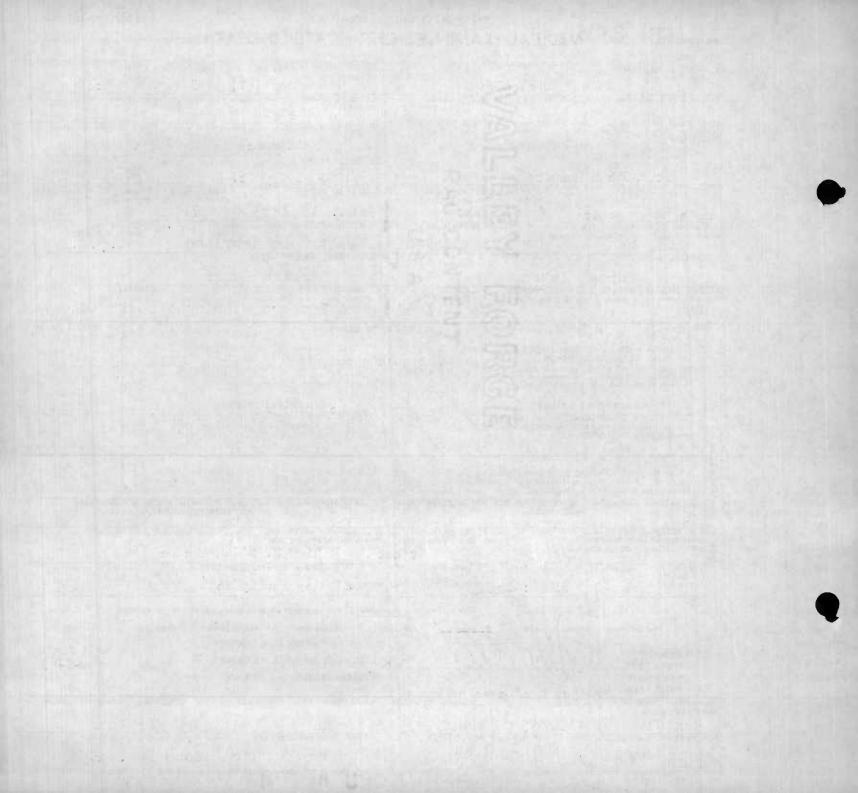


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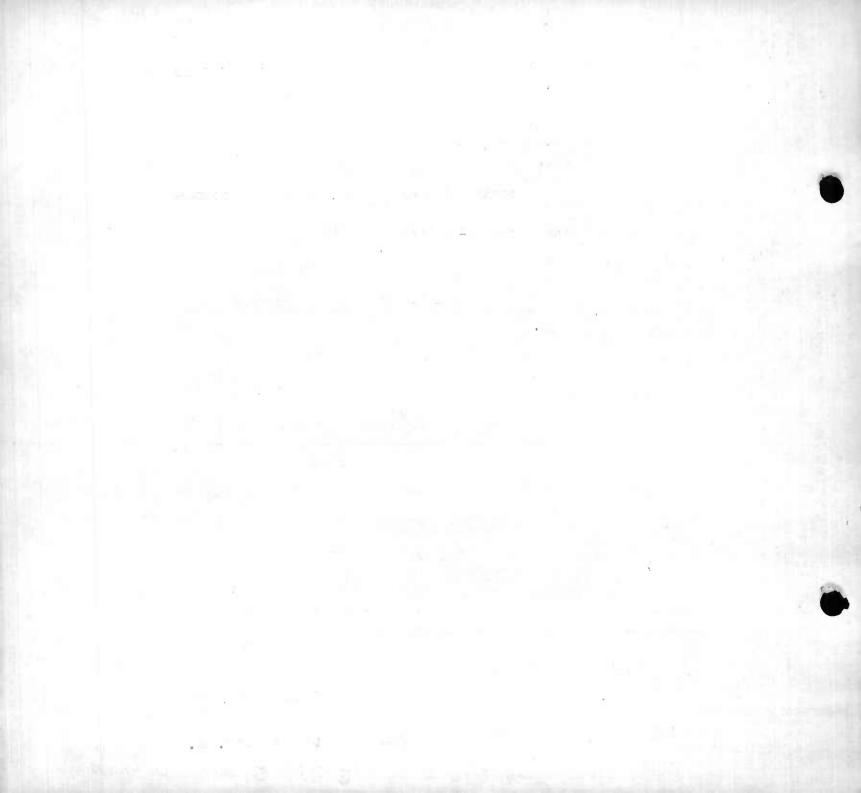
ed No.

BIRTH NO. 65  380 MEDICAL EXAMINER'S C	ALTH DEPARTMENT CERTIFICATE OF DEATH Register
1. NAME OF DECEASED (Type or Print) HENRY LUKEN	2. DATE AND HOUR PRONOUNCE April 7, 1965
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived, If institute A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write Baltimore D. STREET ADDRESS (If rurol, give locotion)

D DEAD 9:50 a ution: residence before admission) RURAL and give township) St. Joseph Hospital 1865 N. Gav St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Months , Doys , Hours , Widower Sept. 19,1893 71 male white 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Handy Man Self Employed Baltimore Maryland U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Herman Luken Barbara Huber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16, SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 14 1450 Mrs Theresa Minnick 1865 Freedom Way INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.) DUF TO ANTECENDENT CAUSES Subdural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) UTING CAUSE OF DEATH. 2200 E. North Avenue Street 21D TIME OF INJURY (APPROX.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) 8:45p. WHILE AT NOT WHILE X Apparently fell 22. certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my apinion Accident X resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 4-7-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker 23A. BURIAL CREMATION, (23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Most Holv Redeemer Baltimore Maryland 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc.



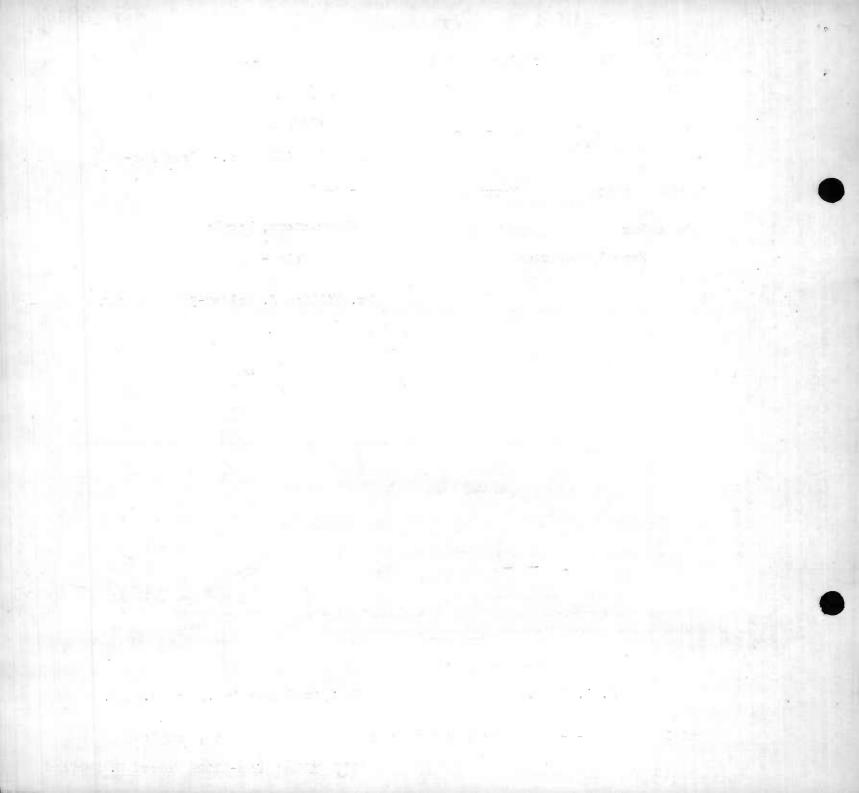
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	0040		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 3812
M.E. CASE NO.	5 3812		CERTIFICA	ATE OF DEATH	Registered No.	
Type or Print)		11.	0.11		ND HOUR OF DEATH	
	Blanche E		Calder	·	-5-65	nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	oldress or location	or institution		Maryland c. city or fown (1) o Baltimore	utside city limits, write	8-04
· · ·	Jpland Apts			504 Glen Alle	n Dr - Unland	1 Apt 2D
SEX	6. RACE	7 14 4 000 0	D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
Female	white	Man	ried (specify)	12-25-84	lost birthdoy)	Months Doys Hours Min.
	WORKING life, even if retired)	IOB. KIND	OF BUSINESS OK INDUSIK	Y 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Homema	ker	Own I	lome	Chestertown,	Maryland	
3. FATHER'S NA		0		14. MOTHER'S MAIDEN NA	AME	
	Samuel Leaver			Nola -		
	d Ever in U. S. Armed Form n)(If yes, give wor or dote		SECURITY NO.	17. INFORMANT		ADDRESS
No				Mr. William J.	Calder-504	Glen Allen Drive-
DISEASES rise Io Ih UNDERLYIN  DTHER SIGN TO THE D DISEASE D DISEASE D 19A. DATE O		the diseos deoth.)  ony, giving stoling II  ONTRIBUTION TO TO.	ng (C)		do) 208. IF YES, WERE	FINDINGS CONSIDERED
TE O	WAS PERI	FORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedicol exominer)	f h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, tc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimos	e City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		1	While At Not Wh			
	THE PART OF THE PARTY OF THE PA		Work At Work			
that (1) (we and hour an 23A. SIGNAT	) lost saw the deceose ad from the couses stoture	d alive or	(I) (We) (did) (did not)	view the body ofter death  Hending Med. Director	hot in (my) (our) op	Inion death occurred on the d
NAME (	J. C. Pou		M.D			
REMOVAL	EMATION, 24B, DATE	24C.	NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	Sity, town, or county) (State)
Burial	4-8-65	10	leadowridge Men	norial Park	lkridge, Mar	~land
	BY HEALTH DEPT.		E_OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
AP	R 9 1965 R	But	E toward ?		277	oward H. Hubbard
/S 150-REV. 1/1/	/65					



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased the and M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) uo 3 hospital death. 3. PLACE OF BEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, W institution: residence before admission) attendance cause (s) I (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RUHAL canse; INSTITUTION Baltimore rior D. STREET ADDRESS contributing (Ir rural, give location) etermined 0 1639 East Cold Spring Lane regular mad MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. deceased WIDOWED, DIVERCED (specify) lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Unde Baltimore, Maryland SD 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME the <u>4</u> eath On 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 3208 Ellerslie Ave. nce Ď 2215-24-7452 Gertrude L. Johnson Balto., Mrs. attenda pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO mbal heart failure, asthenia, etc. It means the disease, OF injury or complication which caused death.) regu ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving the above couse (A) stating the UNDERLYING CONDITION lost. physician mains MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OD DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DtD home, farm, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital °Z DEATH (notify medical examiner nature; MEDI 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) pup At Work Work any 22. I certify that (1) (this hospital) attended the deceased from 19 65 to that (1) (we) lost sow the deceased alive on ..19 ond that in (my) (our) opinion death accurred on the date ō hospital eath) and hour and from the couses stated above. ((1) (We) ((did) (did not) view the body after death. accident 23A. SIGNATURE 23 B. DATE SIGNED T Attending Med. Stoff M.D. Phys. Director Phys. pproval 0 23 C. PHYSICIÁN'S 23D. ADDRESS prior to NAME (Type) M.D. Neil Robinson 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased (City, town, or county) o REMOVAL (Specify) Loudon Park Cemetery Burial Baltimore Maryland Mas 25A. DATE REC'D NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

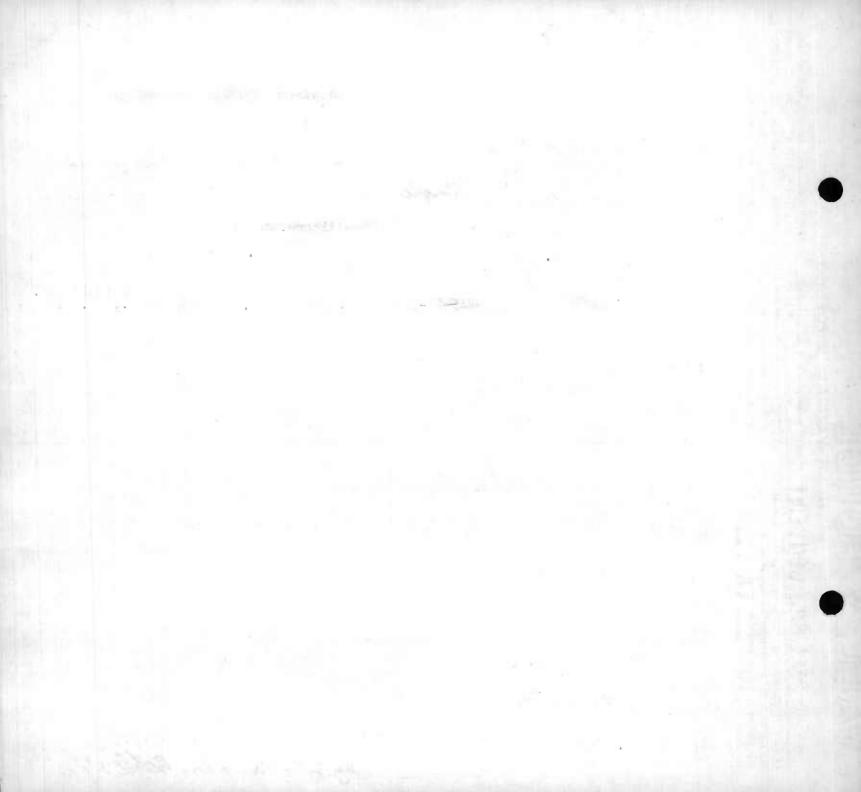
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ADDRESS

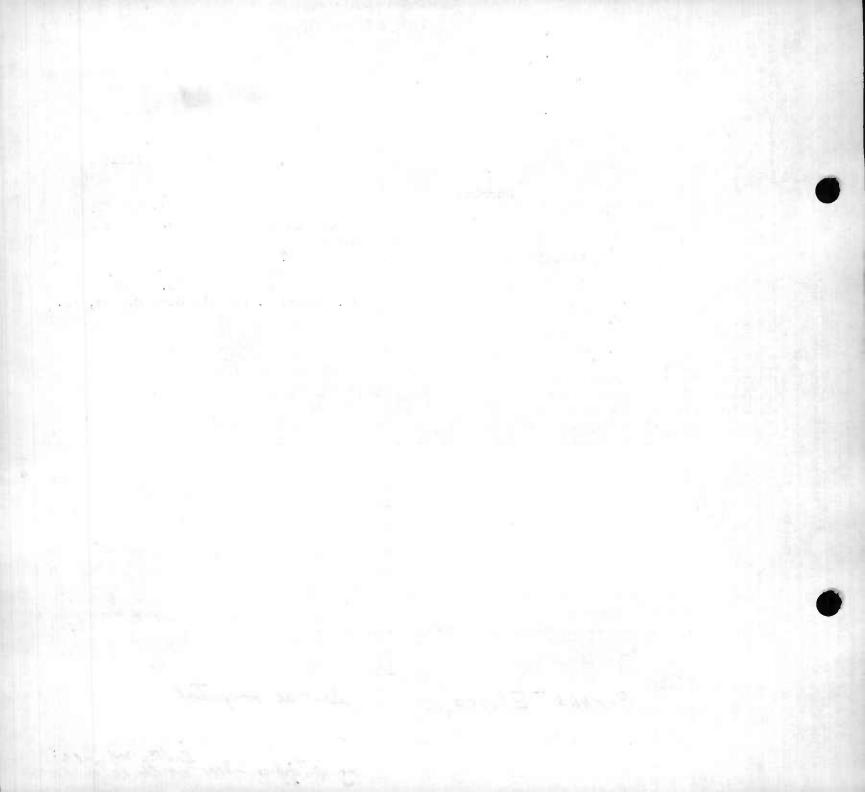
INTERVAL BETWEEN

ONSET AND DEATH

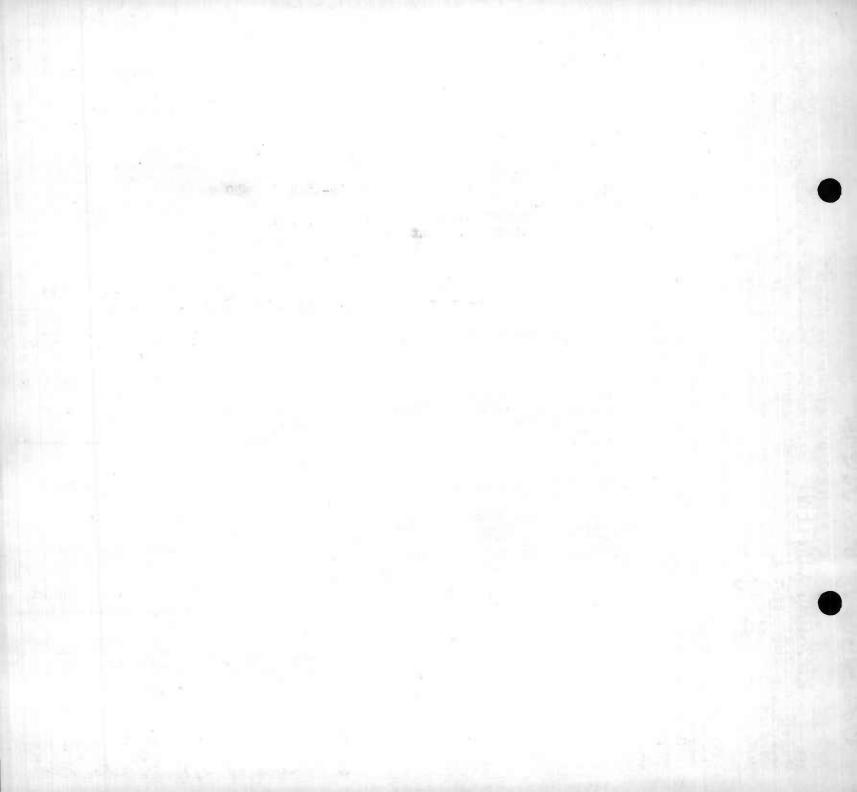
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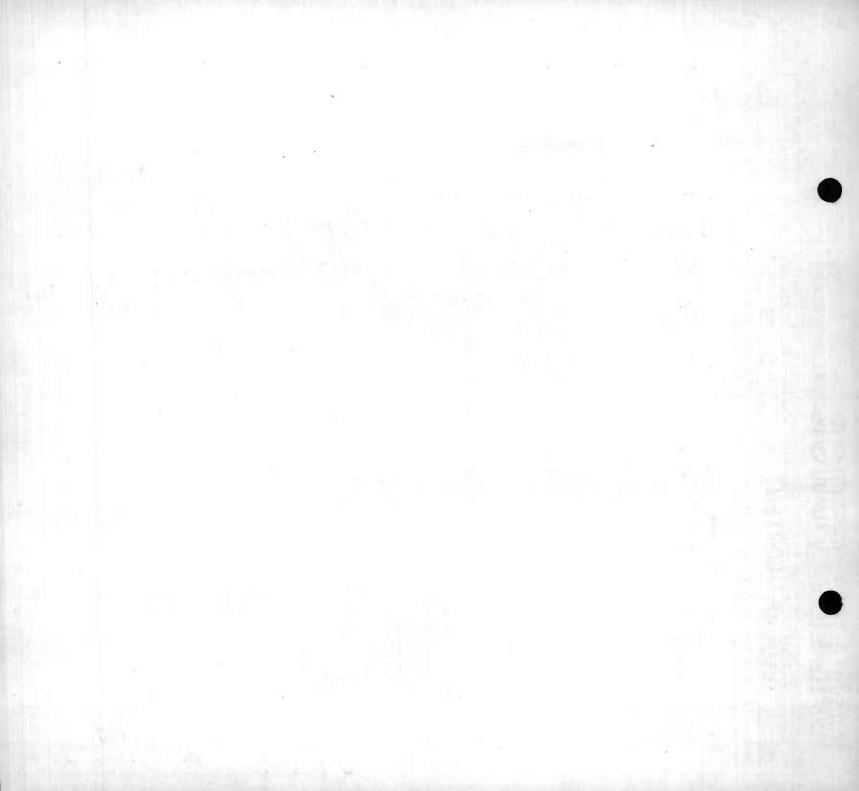


		BALTIMORE CITY	/ HEALTI	1 DEPARTMENT			
BIRTH NO.	5 3815	CERTIFICA	TEC	F DEATH	Registered No	65 383	15
Type or Print)	FRANK	T. ELLIS	i lavi	2. DATE AN	HOUR OF DEATH	7 45	, ) M.
FULL NAME HOSPITAL DR		or institution, give street	1. STAT	aryland	" Bull	itution: residence before c LUCAL IRAL ond give township)	admission)
Unio	Mumoria	(Hospital	,	~ ^	ourol, give location)	eley of	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		THE PARTY OF THE P	AGE (In Years	If Under TYr. If Under Months: Days Hours	er 24 Hrs. Min.
Male	White	Married		29-1884	80,		
	CUPATION (Give kind of work Fwarking lite, even if retired)	Thomsen Ellis	4. 1	HPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Executi v	re	Hutton Co. Printing	Ne	lnaska		USA	
FATHERS NA	ME = = = = = = = = = = = = = = = = = = =	1	14. MO	THER'S MAIDEN NAM	AE COLARA	.<	
5. Was Decease	d Ever in U. S. Armed For	ces? 1 6. SOCIAL	17. INFO	RMANT	- acje	ADDRESS	
No No	(If yes, give wor or date None	s of service) SECURITY NO. 212-07-3607	Mrs	. Emma Elli:		ey Valley Cou	irt
18. 4 4	3 X I	CAUSE C	F DEATI	1		INTERVAL BETW	
DISEA	SE OR CONDITION DIR	RECTLY	1	. 0 (10	. O. acai	D. A 7 - 0	10.
(This does	nal mean the mode of	dying, e.g., DUE TD	Luc	a cusci	eler acció	7, 3	receip
heart failure	, asthenia, etc. It means mplication which caused	the disease.	- ,				0.
injuly of co	ANTECEDENT CAUSES	(B) NCL	serfl	Eusny Co	ridio-Oli:	scelar d	4 slees
DISEASES	OR CONDITIONS, if	DUE TOY /					
rise lo 1	he above cause (A)				www.000000 0 00000000000000000000000000		************************
UNDERLYIN	G CONDITION last.						
E TO THE I	II  VIFICANT CONDITIONS C  DEATH BUT NOT RELA  R CONDITION CAUSING S	TED TO THE					
		DITION FOR WHICH OPERATION	20 A.	NO	20 B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical exominer	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, c etc.)	in ar abou office bldg.	121C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)	
OF INJURY	(Month) (Day) (Year)	(Haur) 21E INJURY OCCURRED		21 F. HOW DID INJ	JRY OCCUR?		
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22. I certif	v that (1) (this haspital	) attended the deceased from	4-	7	9 Costo	4-61	965-
	) lost saw the decease	11-10	19	1		on deoth occurred on	
		red obove. (i) (We) (did) (did not)	view the				
23A SIGNAT		()	110111110	body offer dodnie		23 B. DATE SIGNED	
10.0	+ R	Anather On M.D. All	ending [	Med. Director	Staff	4-6-65	
28 C. PHYSICI	ANS O	unitall Phy	23 D. ADI		Phys.	1 (0 0	
NAME	Type)	mo.	10	· · · ///	in O K	Lexa tol	
AA. BURIAL CR REMOVAL	EMATION, 24B. DATE	24C NAME OF CEMETERY OF CR	EMATOR	24D. LC	OCATION (City,	, tawk, or county)	(State)
Burial	1/9/196	5 Loudon Park Ce	meter	v Bal	timore, Mary	land	
	R 9 1965 R	25B. NAMO OF REGISTIAR H. D.		FUNERAL DIRECTOR	10 Par	to, md. 21	217
VS 150-REV. 1/1	/65		- NA	- Jest com	- more how	ma land	Neo!



DIRECTOR:

FUNERAL



**DIRECTOR:** 

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	0	5 3818		BALTIMORE CIT				65	3818
M.E. C.	ASE NO.	5 3818		CERTIFICA	TE OF	DEATH	Registered No	00	00.10
	E OF DECE	ROTH, Aaron	n				il 8, 1965		1:50
3. PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceosed lived. If institution: res			stitution: resi	
FULL NAME OF (If not in hospital or institution, give street					VIRGINIA /-4/3			3	
	TUTION	oddress or location	1)		11		side city (imits, write	RURAL ond	give township)
IIS	PHS Ho	spital			D. STREET A		urol, give (ocation)		
		yman Park Dr	ive. Ba	lto. Md.	6	30 W. 34	th Street		
5. SEX		6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF		9. AGE (In years lost birthday)	If Under 1 Months; D	Yr. If Under
	ale	MAN. White	Wid.	F BUSINESS OR INDUSTRY	Feb.	4, 1898	67		
	ing most of w	vorking life, even if refired)	IOB. KIND OI	L BOSINESS OK INDOSTK			gn country)		COUNTRY?
3 EAT	HERS NAM	ed Grocerer				York	AF	USA	
	Joseph					a Lasker	AL.		
5 W	Deserved	Fuer in II S Amend For	ces?	1 6. SOCIAL	17. INFORMA			A	ADDRESS
yes, no	or unknown)	1918-19, 19	s of service)	SECURITY NO. 057-07-7733	Recor		HS Hospital		
18.	00	2 1			F DEATH	<b>do</b> 0011	D nospital	IN	TERVAL BETWE
		E OR CONDITION DIR	ECTLY						NSET AND DEA
(Th		LEADING TO DEATH	dvina. e.a		obar pne	umonia		2	wks.
hec	orl foilure, o	osthenio, etc. Il meons plicotion which coused	the diseose,		.7.48.7.				
	A	NTECEDENT CAUSES		(B)	ultiple	плетопя		Ove	er l yr.
		R CONDITIONS, if							
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E TO	THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH						
19 A			DITION FOR	WHICH OPERATION	20 A. AUTO	OPSY? (Yes or No	208. IF YES, WERE	FINDINGS C	ONSIDERED
CERTIFIC 19A	)				1 1010				
OR	CONTRIBU	TING CAUSE OF	hon etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, c	ffice bldg., INJI	URY OCCUR?	(If in Baltimore	City, give	exact location)
O		(Month) (Doy) (Year)		. INJURY OCCURRED	21 F	HOW DID INJ	IRY OCCUP?		
S OF	INJURY PROX.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Wh	nile At Not Whi	le 🦳	HOW DID INS	SKI OCCOK:		
		that (*) (this hospital	Wo Wo		Februa	rv 18 ,	, 65 to Man	rch 8	19_
	25	lost saw the deceose		March 8	19 65				
ond hour ond from the couses stated above. (We) (did) (We) (did) view the body ofter death.									
	SIGNATU		- 4	,				23B, DATE	SIGNED
	11	Jupor	utel	M.D. Att	ending _	Med. Director	Stoff Phy s. X	4/8/	65
23 C	PHYSICIAN NAME (Ty	Ps pe)			23D. ADDRESS				
		Lupovitch, Su					l, Baltimore	-	
RE	MOVAL IS			AME of CEMETERY of CR		100		ty, town, or	
	BURIAI	L 4/1//6 BY HEALTH DEPT.	5 E	BETH DAVID CEN			MONT, LONG	ISLAND	
JA. DA	AP	R 9 1965 G	De 6	OF REGISTRAR M.D.		RD H. HUE	BBARD 4107	WILKEN	S AVE. 2
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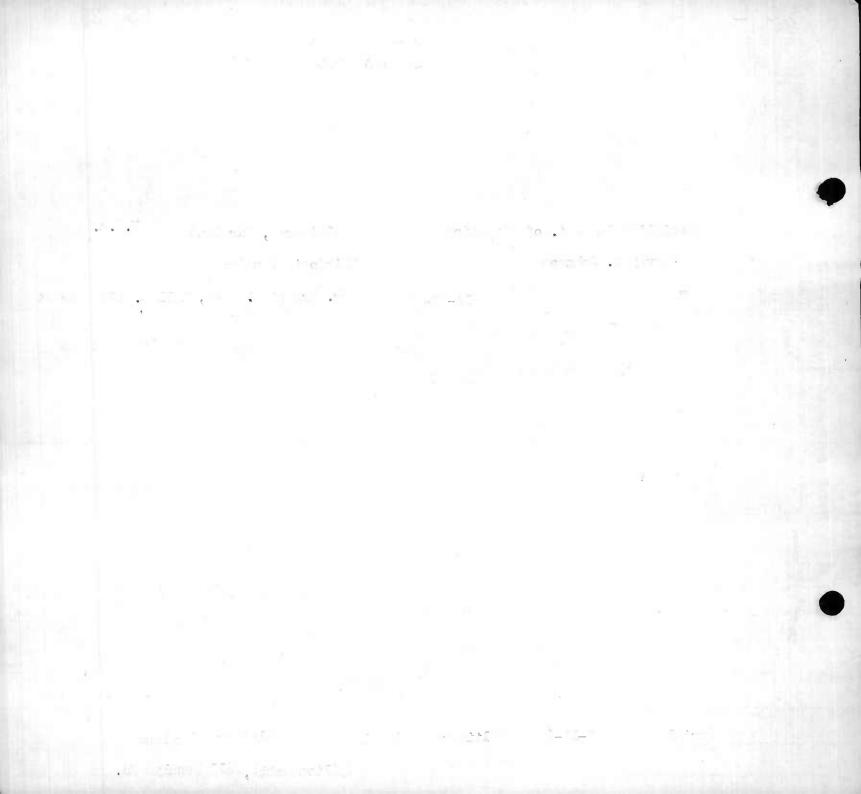
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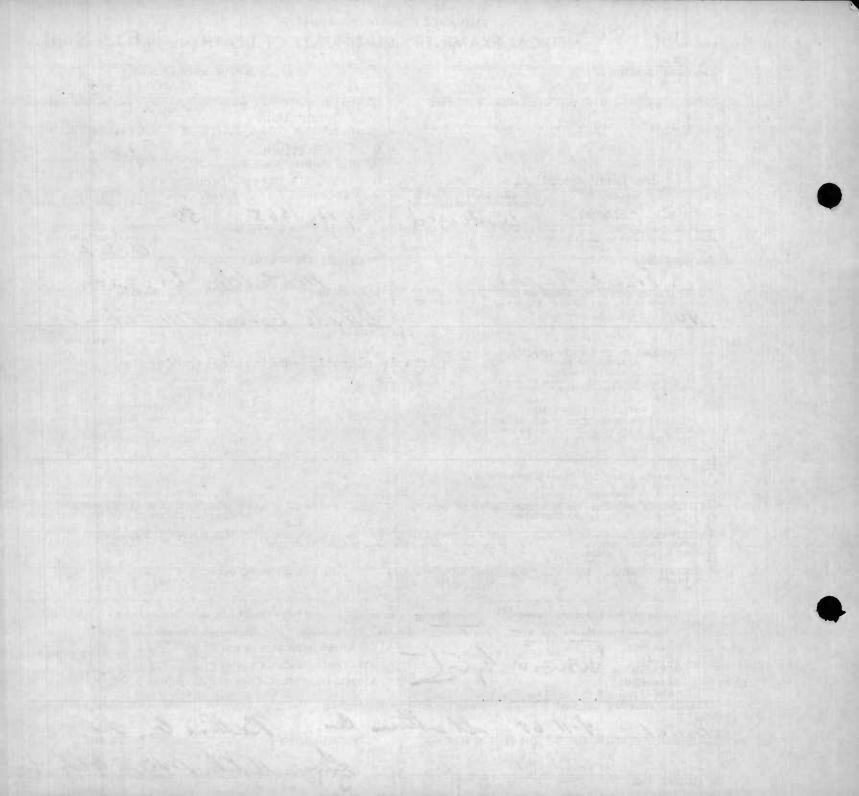
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VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

(Type or Print)		2. DATE AND HOU	PRONOUNCED DEAD	
	HALL		4/8/65	3:20 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	INCED DEAD	Maryland	B. COUNTY	lence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU HOSPITAL OR ADDRESS OR LOCATION)	TON, GIVE STREET C. CIT	Y OR TOWN (If autside carpore	ate limits, write RURAL gr	d give tawnship)
INSTITUTION		Baltimore	14	01
	D. STR	EET ADDRESS (If rural, give la	cation)	
Provident Hospital		1903 Eutaw Pl		
WIDOWED, E	DIVORCED(specify)	OF BIRTH 9. A	GE (In years If Under Manths)	1 Yr. II Under 24 Hrs. Days   Haurs   Min.
female colored	dowed Mug	HPLACE (State or foreign country	59	N OF
dane during mast of warking life, even if retired)	BOSINESS OR INDOSTRITI. BIRT	HILACE (Slole of loter gar Colonia	WHA	COUNTRY?
13. FATHER'S NAME	14. MO'	THER'S MAIDEN NAME	<i>U</i> .	J. K.
Frank Taylor		meteldi	Bross	len
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknawn),(II yes, give war ar dates af service)	16. SO CIAL SECURITY NO.	PRMANT	ADDRESS	, ,
NO	11	ude Pila	1 1911 F	law of
18.	CAUSE OF DE	ATH CONTRACT	111124	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(AArterioscle:	rotic cardiovasc	ular disease	u u = = = = = = = = = = = = = = = = = =
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO			
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
N	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1G			
TI DISEASE OR CONDITION CALISING IT				
19A. DATE OF OPERATION 198. CONDITION FOR V	WHICH OPERATION 20A.	AUTOPSY? (Yes at Na) 208. IF		
O WAS PERFORMED		no	TIFYING CAUSES OF DE	
- FYTERNAL CALLER WAS	PLACE OF INJURY (e.a., in ar abo	out 21C. WHERE DID (If in Bot	timore City, give exact la	cation)
UNDERLYING OR CONTRIB- hame,	, farm, lactary, street, affice bld	9., INJURY OCCUR?		
UNDERLYING OR CONTRIB-	, farm, lactary, street, affice bld			
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Manth) (Day) (Year) (Hour) 21 OF INJURY	, farm, lactary, street, affice bld	21F. HOW DID INJURY OCC	CU R?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Manth) (Day) (Year) (Haur) 21 OF INJURY (APPROX.)	, farm, lactary, street, affice bld		CUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.)	TE. INJURY OCCURRED  VHILE AT TO NOT WHILE TO	21F. HOW DID INJURY OCC		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    Contribution   Contribution   Contribution	TE. INJURY OCCURRED  VHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCC		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    21D TIME (Manth) (Day) (Year) (Haur)   21 OF INJURY (APPROX.)   22.   1 certify that I held an Inquiry	TE INJURY OCCURRED  VHILE AT NOT WHILE AT WORK  Inspection Autapsy  ccident Suicide	21F. HOW DID INJURY OCC	s, death in my opiniar	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 2 OF INJURY (APPROX.)  22. I certify that I held an Inquiry  resulted from: Natural causes X A  ACTUAL	TE INJURY OCCURRED  VHILE AT NOT WHILE AT WORK  Inspection Autapsy  Accident Suicide	2) F. HOW DID INJURY OCC	s, death in my opiniar mined manner	DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.)  1 certify that I held an Inquiry resulted from: Natural causes X A  ACTUAL SIGNATURE EXAMINER'S	TE INJURY OCCURRED  VHILE AT NOT WHILE AT WORK  Inspection Autopsy  ccident Suicide   M. D. ASSIS:	and that an this basis	s, death in my opiniar mined manner R	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that I held an Inquiry resulted from: Natural causes X A  ACTUAL SIGNATURE LULL GENATURE EXAMINER'S NAME (Type) W. U. Spit 7. M. D.	TE INJURY OCCURRED  VHILE AT NOT WHILE AT WORK  Inspection Autapsy  Accident Suicide M.D. ASSIST	and that an this basis Hamicide Undeter CHIEF MEDICAL EXAMINE TANT MEDICAL EXAMINE	s, death in my opiniar mined manner R ER ER ER ER	DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Hour) 21 OF INJURY (APPROX.)  22. I certify that I held an Inquiry resulted from: Natural causes X A  ACTUAL SIGNATURE ALL SIGNATURE EXAMINER'S NAME (Type) W. U. Spitz. M. D.	TE INJURY OCCURRED  VHILE AT NOT WHILE AT WORK  Inspection Autopsy  ccident Suicide   M. D. ASSIS:	and that an this basis Hamicide Undeter CHIEF MEDICAL EXAMINE TANT MEDICAL EXAMINE	s, death in my opiniar mined manner R ER ER ER ER	DATE SIGNED
DUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Day) (Year) (Haur) 21 (APPROX.)  22. I certify that I held an Inquiry resulted from: Natural causes X A  ACTUAL SIGNATURE EXAMINER'S NAME (Type) W. U. Spitz. M. D. A. BURIAL CREMATION, 23B. DATE MOVAL (Specify)  BURIAL CREMATION, 23B. DATE	The injury occurred while at work at w	and that an this basis Hamicide Undeter CHIEF MEDICAL EXAMINE TANT MEDICAL EXAMINE	s, death in my opiniar mined manner R ER ER ER ER	DATE SIGNED



8.6316

1. NAME OF DEC	CEASED			2.	DATE AND	HOUR PRONOUNCE	
trype or thin	BETTY		PORTER		Apr	il 7, 1965	10:00 P
3. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UNCED DEAD  UTION, GIVE STREET	A. STATE Mary	yland	B, COU	NTY  RURAL and give township)
Pro	vident Hospit	- 21		D. STREET ADDRES	SS (If rurol, g	ive location)	
110	vident nospit	.aı		1111	l N. Ca	1houn Stree	t
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. II Under 24 H Months, Doys, Hours, Min
Female	Negro		pivorced(specify)	11/22/19	900	64	TVIOLITIES DOYS THOUS TVI
	UPATION (Give kind of working life, even if retired)	108 KIND O	F BUSINESS OR INDUS	TRY 11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of	working life, even it relifed)			N.C			U.S.A.
13. FATHER'S NAA	A E			14. MOTHER'S MAI	DEN NAME		
	OBEY OLDS				FLORE	ENCE JAMES	3
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Nathan	Porter	· 1111 N.	Calhoun St
11B. 4.4		A	CAU	SE OF DEATH			INTERVAL BETWEEN

	16. SO CIAL	17. INFORMANT		ADDRESS
(fes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Nathan Porter	1111 N.	Calhoun St
1B.	CAUSE	OF DEATH		INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode ol dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	(A) Hyper	tensive Cardiovaso	ular Disea	ase.
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE	20 A. AUTOPSY? (Yes or No)   20	B. IF YES, WERE FIL	NDINGS CONSIDERED
WAS PERFORMED	WINCH OFERANON		CERTIFYING CAUS	
		in or obout 21C. WHERE DID (if office bldg., INJURY OCCUR?	n Boltimore City, gi	ve exoct locotion)
OF INJURY		WHILE ORK	O CCUR?	
22. I certify that I held on Inquiry resulted from: Notural couses X A	Inspection X Au		bosis, deoth in n	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Po	Cty M.D	CHIEF MEDICAL EXAL ASSISTANT MEDICAL EXAL ASSOCIATE MEDICAL EXAL	MINER X	DATE SIGNED

Mt Auburn Cem.

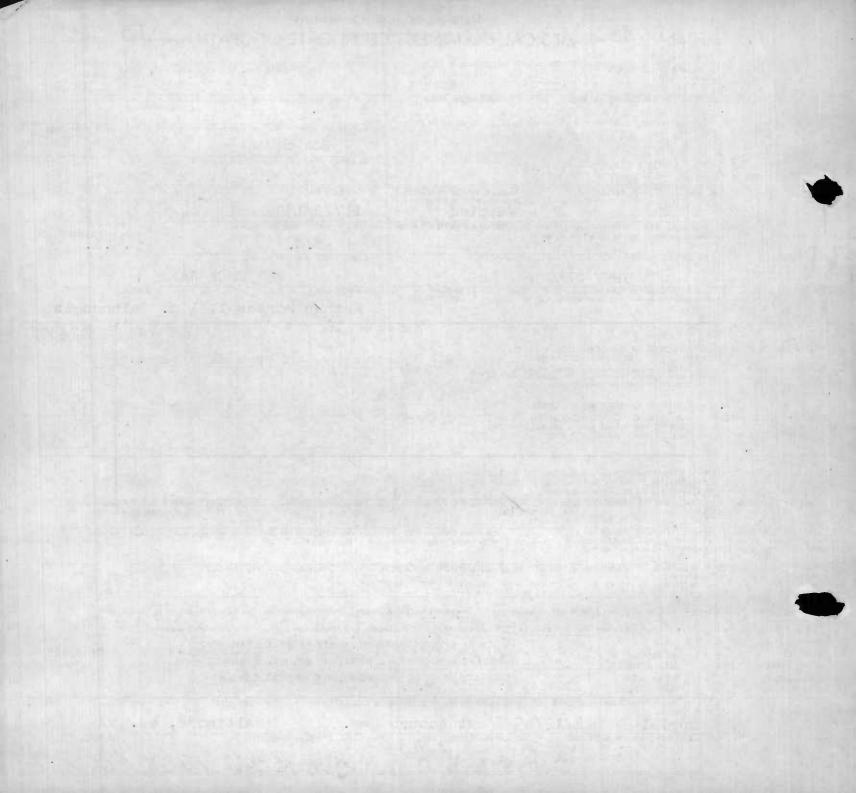
Baltimore, Md.

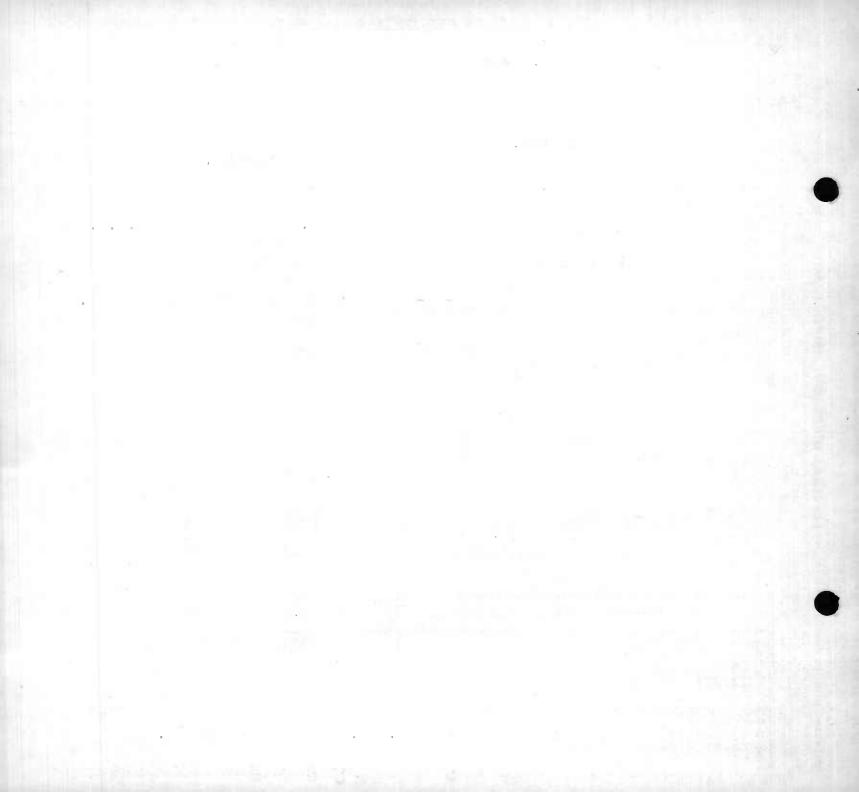
ADDRESS

24C. FUNERAL DIRECTOR

Burial 4/12/65 Mt Aub
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

VS 151-REV. 1/1/65





**DIRECTOR:** 

FUNERAL

If Under 24 Hrs.

Hours

ADDRESS

ONSET AND DEATH

V.s. 153

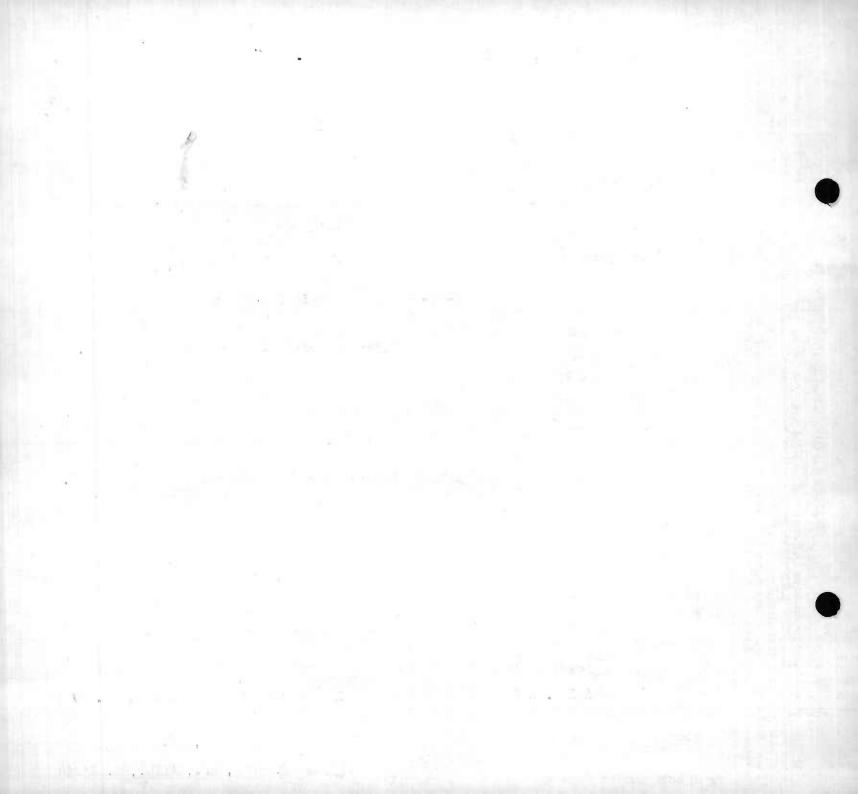
M.H.

30.0

DIRECTOR:

FUNERAL

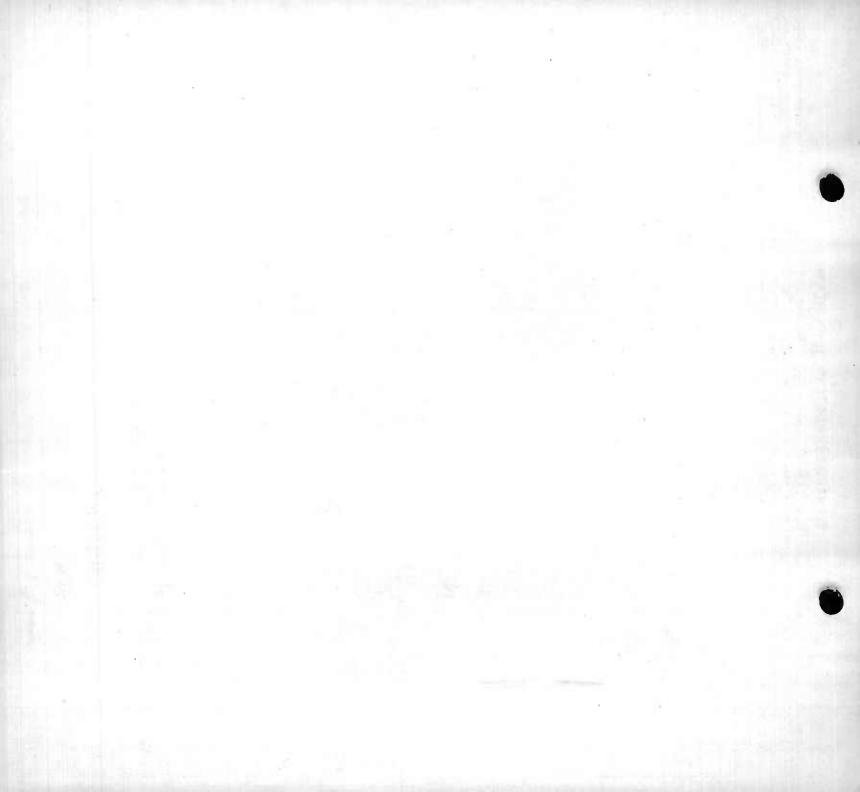
VS 150-REV. 1/1/65

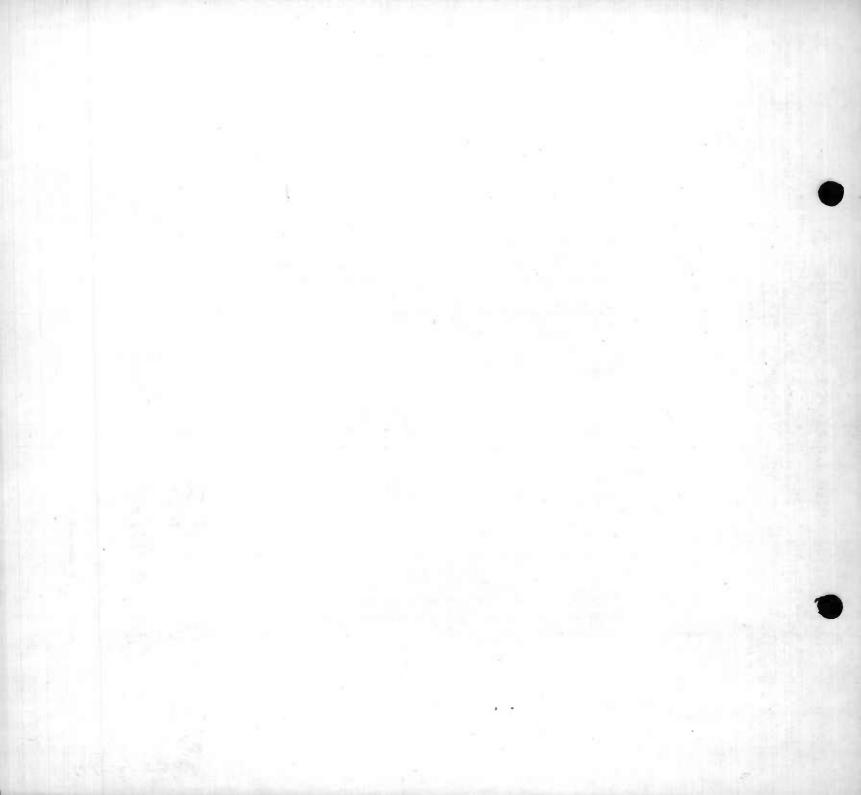


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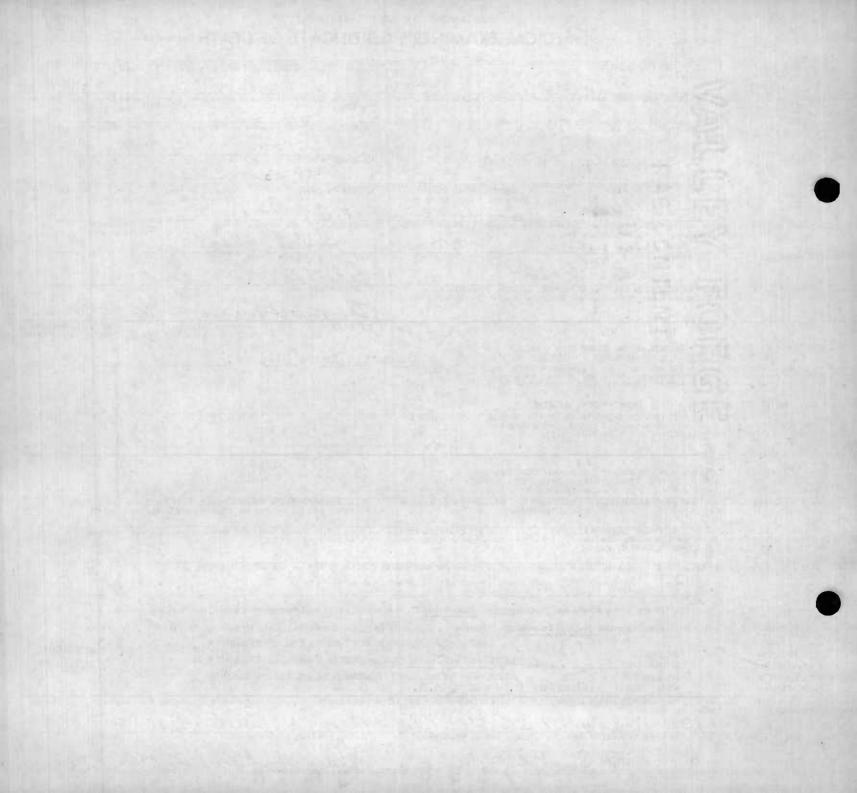
DIRECTOR:

FUNERAL



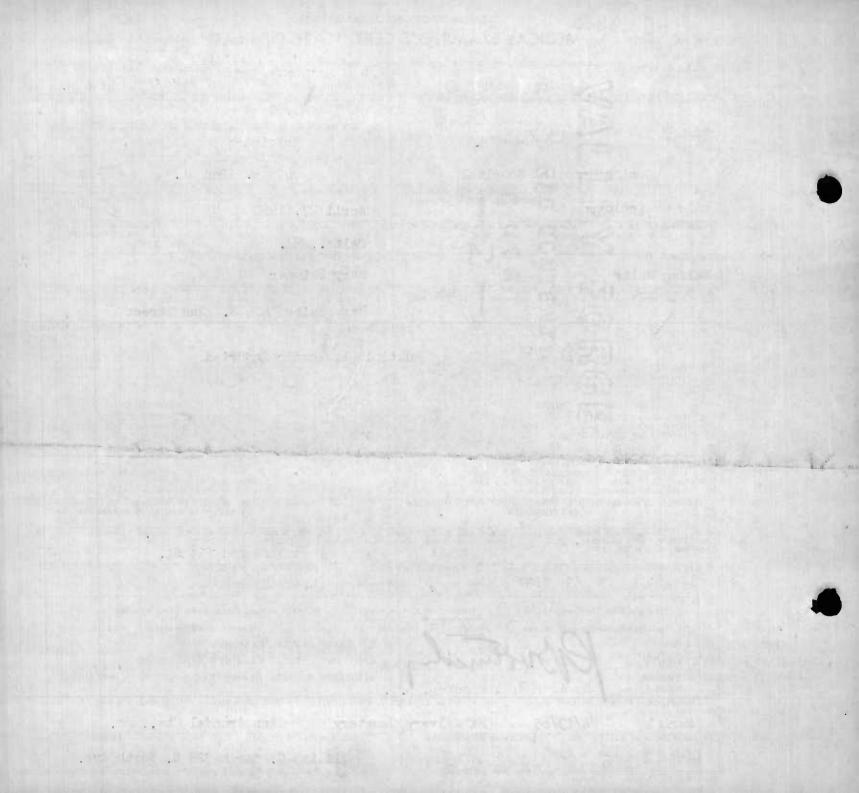


VS 151-REV. 1/1/65



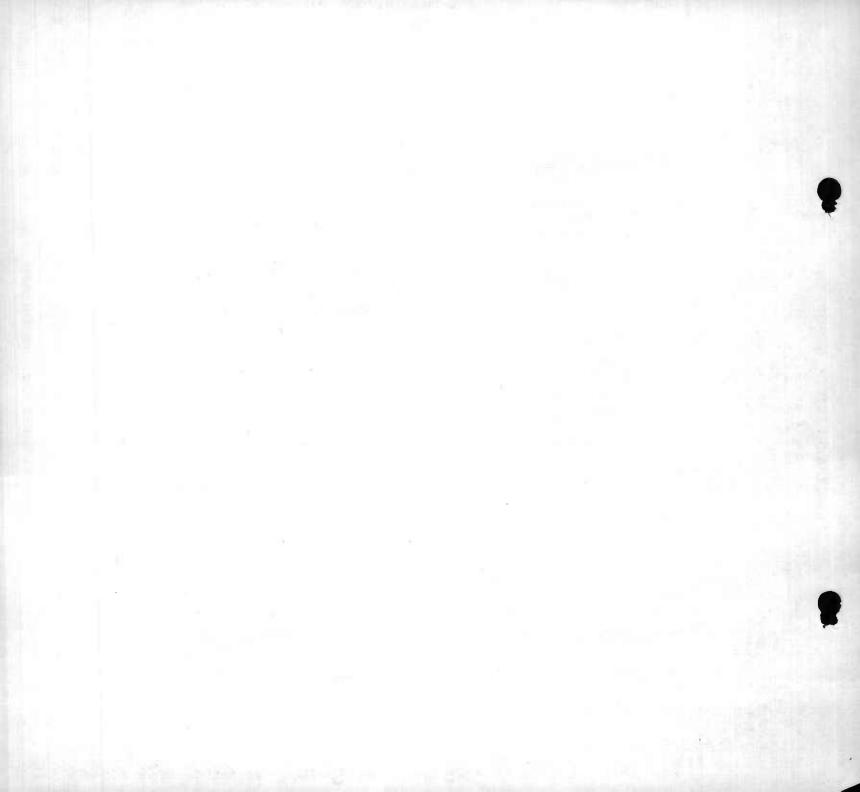
W-300

65	3828		ALTIMORE CITY HEAL			65 3828
BIRTH NO.	MEDI	ICAL EX	AMINER'S C	ERTIFICATE	OF DEATH Registe	ered No.
M.E. CASE NO.		12 ( T. )				
1. NAME OF DEC	CEASED			2. D/	ATE AND HOUR PRONOUNC	
	DARNEL		HITE			/65 4:00 p. M.
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONOU	NCED DEAD		yland B. Col	titution: residence before odmission) JNTY
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		*	
HOSPITAL OR	ADDRESS OR LOCA	(TION)			If outside corporate limits, write  1 timore	RUKAL and grvo township)
111						12-17
/	Union Memoria	l Hospit	tal	D. STREET ADDRESS	26 E. 22nd St.	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yours lost, birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	colored	WIDOWED, L	DIVORCED (specify)	April 27,	1960 4	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work	TOR KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF
done during most of v	working life, even if retired)			Balto., Md		WHAT COUNTRY?
13. FATHER'S NAM	A E	1		14. MOTHER'S MAIDEN		
Nelson Wh	nite			Mary Skinn		
	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	-	ADDRESS
Yos, no or unknown	(If yes, give wor or dote	s of sorvico)	SECURITY NO.		10/ F 00 10	
18.				Mary White	426 E. 22nd St	treet
DISEASES RISE TO THE UNDERLYIN  OTHER SIGN	ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT REL	NY, GIVING THE				
DISEASE OF	R CONDITION CAUSING	IT.	***************************************		***************************************	
0	OPERATION 198. CON	FORMED	VHICH OPERATION	no	or No) 208. IF YES, WERE FI	
21 A, EXTERNA UNDERLYING E UTING CAU  21D TIME OF INJURY (APPROX.)	CAUSE WAS OR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yoor) 14 9 65 2	) (Hour) 21	street	Greenme	EDID (If in Boltimore City, gicur?  Ount and 22½ St.  ID INJURY OCCUR?	ve exact location)
22.				OKK		
I cert	tify that I held on Ir	nquiry 🗌	Inspection X Aut	tapsy and that	t on this basis, death in r	ny apinion
	ted fram: Natural car	ny li	Sulcid	e Hamicide	Undetermined mann	
23A. BURIAL CRE	MATION, 23B. DATE		NAME OF CEMETERY	CREMATORY	23D. LOCATION (City,	, town, or countyl (Stotel
REMOVAL (Specify Burial	4/13/6	5	It Calvary Ce	meterv	Ann Arundel Ct	v. Md.
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI		ADDRESS
APR 12		of of	Q. B. C. O	The second second	G. March 928 E.	
VS 151-REV. 1/1/	65	6		- U U		



Ann

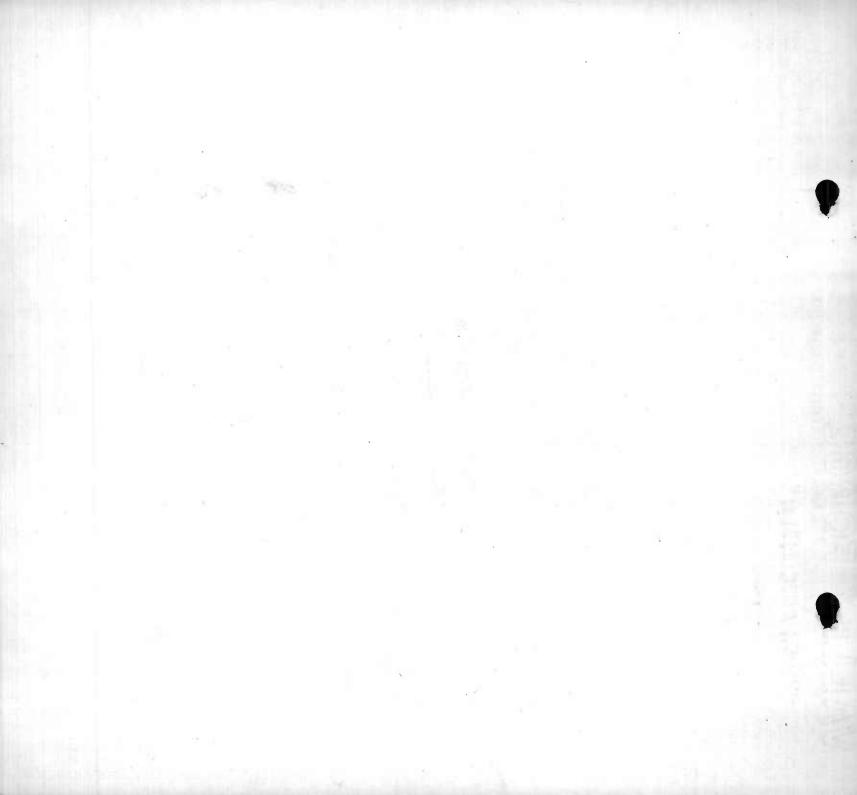
BIRTH N M.E. CA 1. NAM (Type or 3. PLAC	SE NO.	3830	CERTIFICA	TE OF DEATH	Registered Na.	65 3830
Type or	Print) A APP	110 21	ACKLEY	2. DATE	AND HOUR OF DEATH	14/8/6
3. PLAC	E OF DEATH IN BALTIN	ORE, MARYLAND	MURCUI	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before od
POLL POLL				A. STATE B. COL	TINTY	1501
	ITAL OR oddress	n hospitol or institut or locotian)		C. CITY OR TOWN THE	outside city limits, write	RURAL and give township)
INSII	UNIVE	5RSITY	HOSP.	BALTO		
38				D. STREET ADDRESS	If rural, give location)	
5 CEV				1603 BPF	ANY CI	
5. SEX	6. RACE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)  Married	11-1-24	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	IAL OCCUPATION (Give ing most of working life, ever	kind of work 10B. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
				Marylan	vd	U. S. A.
13. FATE	IERS NAME			14. MOTHERS MAIDEN N	AME	
/	William	Funi-		Ada	M. BON	d
	Deceased Ever in U. S. or unknown) (If yes, give v	Armed Forces?	1 6. SOCIAL	17. INFORMANT	7.77	ADDRESS
1.		vor or dotes of serv	SECURITY NO.	Ran 1 , 16	Me un	5 500 , AL
11B.	2/20 1		CAUSE	F DEATH	4/ex 160	INTERVAL BETWE
	DISEASE OR CONDI	TION DIRECTLY	. 1			ONSET AND DEA
(Th	LEADING TO		(A) fac	amallo	Cell Co.	resners, 141
	s daes nat mean the of foilure, asthenio, etc.		e.g., DUE TO	2 may 100 h.	y Series	
	ry ar camplication which			i i i s graner	J Junes	
	ANTECEDENT	CAUSES	DUE TO	,	<u>//</u>	
	EASES OR CONDITIO					
	la lhe abave co DERLYING CONDITION		lhe (C)		• • • • • • • • • • • • • • • • • • •	
	- 11	ALC: N				
ATION OT TO	HER SIGNIFICANT CONE	DITIONS CONTRIBL	UTING THE			
A DIS	EASE OR CONDITION C	AUSING IT.		120 A AUTOROX2 (Voc. 2)	Nall 200 as wee sarens	CINDINGS CONCIDEND
19 A 21 A	DATE OF OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A	ACCIDENT WAS UND	ERLYING T	21 B. FLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
F DE	CONTRIBUTING CAUS	SEOF	home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?		
U	· TIME (Month) (Do	100 Kg	21E, INJURY OCCURRED	21F. HOW DID II	NILLBY OCCUP?	
S OF	INJURY	,	While At Not Wh		HJORT OCCUR:	
INF	PROX.)		Work L At Work	1 1	1 - 1	
22.	I certify that (I) (this	hospital) attend	led the deceased fram		19 00 ta	19
	t (I) (we) last saw the			19 65 and	that in (my) (aur) opl	nion deoth occurred an
ond 23A	hour and from the ca	uses stated abay	ve. (I) (We) (did) (did nat)			
23A	SIGNATURE	_				23B, DATE SIGNED
17	mitim	Dann	M.D. At	ending Med. Director	Stoff Phys.	4/8/65
73C	PHYSICIAN'S NAME (Type)	7 7 7 7 7		23D. ADDRESS		1/0/20
	NAME (Type)	Dale	ala M.D.	11.	11101	
24A. BU	RIAL CREMATION, 24B.	DATE 24	IC. NAME of CEMETERY of CI	EMATORY 1240	LOCATION (C	ity, town, or county) (
	MOVAL (Specify)	/	A .	7.	,	
Bu	119/ 4	-12-65 1	GIVEY Mei		uare/	md.
	TE REC'D BY HEALTH D		ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
AF		0. 18	Farbura a a	1. Colons	V. lelar 1	348 N. Call
	REV. 1/1/65		1	1 3	X	70 77. 022



	BALTIMORE CITY HEALTH DEPARTMENT	0004
2	CENTIFICATE OF DEATH	65 3831
- 113	NAME OF DECEASED.	
	George Peace April 10, 1965	5 A.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	litution: residence before admissi
	CERTAINED A Tornor of institution, give street Maryland	12-11V
	HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RU)	JRAL and give township)
	Baltimore City Hospitals Baltimore	
1	4940 Eastern Avenue D. STREET ADDRESS (If rurol, give locotion)	0.0.0
	Baltimore, Maryland, 21224 2904 Auchentoroly Terrace	
5	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors WIDOWED, DIVORCED (specify) lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	Male Negro Married 4-12-1900 64	
	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) one during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
	Lubour Sperows Point Virginia	USA
ī	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	George Peace Annie Dickerson	
î	George Peace  5. Wos Decosed Ever in U. S. Armed Forces? fes, no or unknown  fff yes, give wor or dotes of service   16. SOCIAL SECURITY NO.  17. INFORMANT	ADDRESS
(	DECORDO DOS JOIA DI	
	NO 335-07-15-98 RECORDS: BCH, 4940 Eastern	
	18. 3 3 4 X I CAUSE OF DEATH	ONSET AND DEATH
	LEADING TO DEATH  (A) Respiratory Arrest	W. a.
	(This does not mean the mode of dying, e.g., DUE TO Presumonia	Min Days
	injury or complication which coused death)	Days
ı	Anterio Sclerotic Cerebral	Years
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above couse (A) stating the (C)	
	UNDERLYING CONDITION fost,	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID  (If in Boltimore	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FI WAS PERFORMED	NDINGS CONSIDERED
	WAS PERFORMED NO IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTION OF CAUSE OF	City, give exact location)
	DEATH (notify medicol examiner)	
	DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURED  While At   Not While	
	Work At Work	1 = 100 19 6
	22. I certify that (1) (this haspital) attended the deceased from March 19 65 to April that (1) (we) last saw the deceased glive on April 10	
	(1) (10) (10) (10) (10)	ian death accurred an the de
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.	
	23A. SIGNATURE	23 B. DATE SIGNED
	Author Conserved M.D. Attending Med. Director Phys.	April 10, 1965
	23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS	
	PHILIP ZIEVE M.D. 4940 Eastern Avenue, 21224	4
10.0		r, town, or county) (State)
	Russel 4-14-65 Manay Man Pr James Man	/
2	SA. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
152	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS SI III

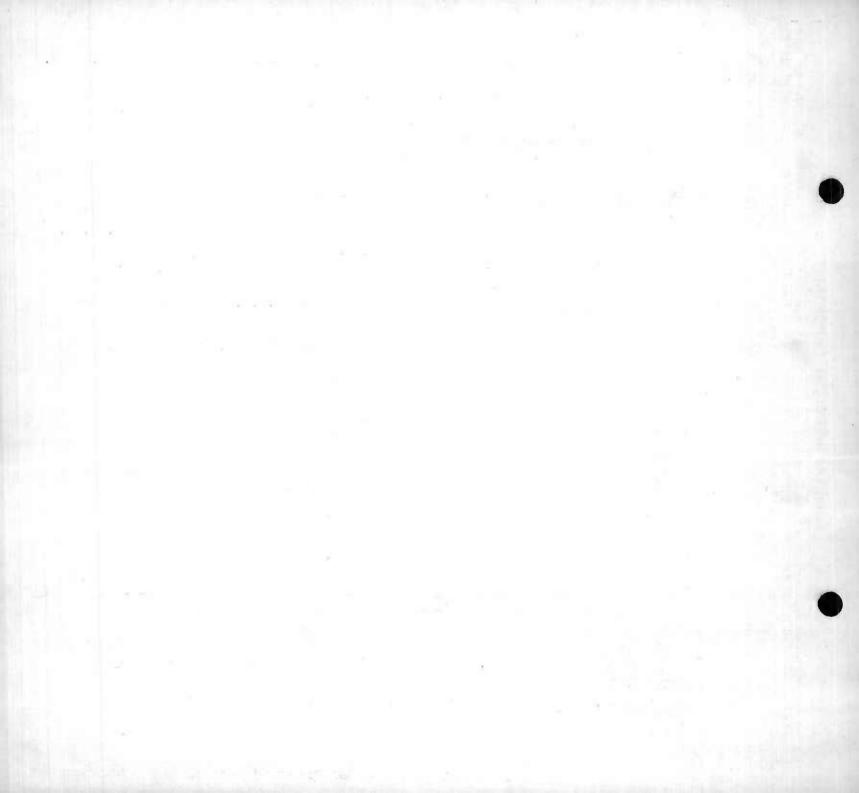
hetter from 15. C. H. M. H. 19-65 M. H.

BIRTH N M.E. CA	ASE NO.	5 3832	CERTIFICA	TE OF DEA		65 3832
1.NAMI (Type or	Print) WILLIA	MS JAM	ES HARV		ATE AND HOUR OF DEATH	- 18:10 F
3. PLAC	E OF DEATH IN BALTIM		23 /////	4. USUAL RESIDEN	CE (Where deceased lived, II in:	
FULL	NAME OF (If not in	hospital or institution,	give street	MARYL	1/	-12
HOSP	PITAL OR oddress	or location)		C. CITY OR TOWN	(If outside city limits, write R	(URAL and give township)
	FRANKLIN	SQUARE	HOSPITAL	D. STREET ADDRESS	MORE 17	
0	FAYETTE BALTIMOR	E 23, 1	ud.	1524		LE ST
5. SEX	6. RACE	7. MARRIED, WIDOWEL	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years inst birthday)	If Under 1 Yr. II Under 24 Months Doys Hours M
done duri	JAL OCCUPATION (Give king most of working life, even A BORER	if retired) CART	BUSINESS OR INDUSTRY  FRUCTION	11. BIRTHPLACE (State VIRG)		12. CITIZEN OF WHAT COUNTRY?
	HER'S NAME			14. MOTHER'S MAIL		
1	HARVEY U	WILLIAMS		BETS	IE?-	
15. Was (Yes, no	Deceased Ever in U. S. A or unknown) (If yes, give w	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	MITCHELL	1524 LANUA
	?	7	3	CWIPE	)	BAUTIMONE
18.	3-78XI			F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDI		1 14	W MADUST	PERITONITI	S GDAYS
NO OTI	EASES OR CONDITION IN THE BUT N THE DEATH BUT N	USE (A) Slating the lost.	TA STA	ARDIAC I	AREEST	
	DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION ABDOMEN	20A. AUTOPSY? (Y	es of No) 208. IF YES, WERE F	FINDINGS CONSIDERED
U 21A	ACCIDENT WAS UNDE	RLYING 21B	PLACE OF INJURY (e.g.,	in or about 21 C. WHERI	E DID (II in Boltimore	City, give exact location)
0 21D	TIME (Month) (Doy		INJURY OCCURRED		DID INJURY OCCUR?	
≥ (AP	PROX.)	Wh	ile At Not Whi	le 🗌	75 13 - 15 - 15	
22.	I certify that (I) (this	hospital) attended t	he deceased from	4/5	1965 10	4/9 196
tha	t (I) (we) last saw the	deceased aliva an	7.4	-/91965	ond that in (my) (our) opin	nion deoth occurred on th
	haur and fram the cau	uses stated above. (	) (We) (did) (did nat)	view the bady after	death.	Total DAYE GIGNED
23A	1 2 Comme	My Com	M.D. AH	ending Med.	Stoff	4/9/65
23C.	PHYSICIAN'S NAME (Type)	19. Celle	MOK Phy	23D. ADDRESS	Phys.	// //04
	ARTEMIO	M. CUEVI	45, JR. M.D.	FRANKUN	SQUARE F	tospital
7	MOVAL (Specily)	DATE 24C.N.	AME OF CEMETERY OF CR	EMATORY	2 11 .	ly, town, or county! (S
54 DA	ATE REC'D BY HEALTH D	-/4-63 /	OF REGISTRAR	25C, FUNERAL D	Baltimore	md. ADDRESS
ΔΓ	R 12 1985 A	O A C In	Deuthal -	Bloom	Ackel 1311	9 N. Calhon :
VS 150-	REV. 1/1/65	ANS C. C. C. C.	5 5 5 5	7	J 17 - 32 /3/1	177100000000



FUNERAL DIRECTOR: IMPORTANT

		2000	BALTIMORE CITY	HEALTH DEPARTMEN		05 0000
BIRTH NO.	65	3833	CERTIFICA	TE OF DEAT	H Registered No.	<del>-65 3833</del>
M.E. CASE NO.	CEASED			2. DA	TE AND HOUR OF DEATH	
Type or Print)	Sarah	Watte			1-7-65	5:20 P.
B. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND				nstitution: residence before odmission
				A. STATE B.	COUNTY	1-17
FULL NAME HOSPITAL OR		or institution,	give street	Maryland		010
NOITUTITZNI	Baltimore		Mospitals		(If outside city limits, write	RORAL one give township)
/	4940 East	_		Baltimore D. STREET ADDRESS	(If rural, give lacation)	
(			and #21224	1010 Fort		1224
. S EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
77-	Name	WIDOWE	D, DIVORCED (specify)	/ 07 00	lost birthday)	Months Doys Hours Min.
emale	Negro		rorced	6-27-99	or foreign country)	12. CITIZEN OF
	of working life, even if retired)				or lotting.	WHAT COUNTRY?
				Maryland		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDE		
A	Robert Bar	NEV		Rebbee	sea Clark	
5. Wos Decease	od Ever in U. S. Armed for	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	viniti yes, give war or date	3 01 3614106)	212-18-5759	PECOPIC. I	B.C.H. 4940 Eas	stern Avenue #2122
1B. 22			CAUSE O		0.0.n. 4940 Eas	INTERVAL BETWEEN
Dist	ASE OR CONDITION DI	ECTI V				ONSET AND DEATH
Distr	LEADING TO DEATH	CIEI	Arte	riosclerosis	Generalized	10 Years
	not mean the mode of		DUE TO	T TODOTOL ODED		
	e, osthenia, etc. II meons emplication which caused					
	ANTECEDENT CAUSES		(B) Diab	etes Mellitus	3	10 Years
DISEASES	OR CONDITIONS, if	ony giving	DUE TO			
rise to t	he obove cause (A)					
UNDERLYIN	NG CONDITION lost.					
Z	11					
E TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO TH				
DISEASE OF	R CONDITION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes	or Noll 208 IE VEC WERE	EINDINGS CONSIDERED
19A. DATE C	WAS PER		WITCH O'EKAHON	25.11 2010131, 1103	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	No n or about 21 C. WHERE I	DID (If in Baltimer	re City, give exact location)
OR CONTRI	BUTING CAUSE OF		ne, form, foctory, street, o	fice bldg., INJURY OCC	U R?	on, greenest reconour
U						
OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		D INJURY OCCUR?	
(APPROX)		Wh	nile At Not While At Work	e 🗌		
22. I certif	y that (1) (this hospital	) attended t	he deceased fram	3-29	19 63 to	4-7- 19 65
	e) last saw the decease		1 7	19 65		inian death accurred on the da
23A. SIGNAT	nd from the causes stat	rea apave. (	i) (me) (ala) (ala hat) v	lew the body ditter de	earn.	23 B. DATE SIGNED
234, 310114	MAN M	10 7	M.D. Atte	ending Med.	Stoff A	236, 0412 3101120
	Cos ar	penel	Phy	s. Director	Phys	4-7-65
23 C. PHYSICI NAME	(Type)			23 D. ADDRESS	(	
	Dr. Charle	es Carne	enter M.D.	4940 Ea	stern Avenue	#21224
4A. BURIAL CE	REMATION, 248, DATE	24C. N.	AME of CEMETERY OF CRI			ity, town, or county) (State)
2	4-13-1	5- m	+ Calvary	Per	ANNE ARMA	11 m und
DUITI G /	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	2SC. FUNERAL DIR		ADDRESS
APR I	2 1965 12 0	0 7	10 51 0 0	0 000 0	dot. 0 13.	2 NO.11 -1
VS 150-REV. 1/1		I E NO	Joseph L.	1 Stage	Vikusa 131	U/4. Certin It
ra lau-Kev. [/]	/ U J					



7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

16. SO CIAL

SECURITY NO.

DUE TO

Myllied

5. SEX

male

NO 18.

6. RACE

done during most of working life, even if retired) LONG Shoreman

NAME (Type) 23A, BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) 04116

VS 151-REV. 1/1/65

23B. DATE

colored

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown), (II yes, give wor or dotes of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(City, town, or county)

ADDRESS

(Stote)

23 D. LOCATION

24C. FUNERAL DIRECTOR

2. DATE AND HOUR PRONOUNCED DEAD 1:45 p. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If jurol, give location) 2305 Harford Ed. 9. AGE (In years lost birthdoy) B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 28, 1504 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? 4.5. 14. MOTHER'S MAIDEN NAME 7. INFORMANT ADDRESS ONSET AND DEATH Arteriosclerotic cardiovascular disease

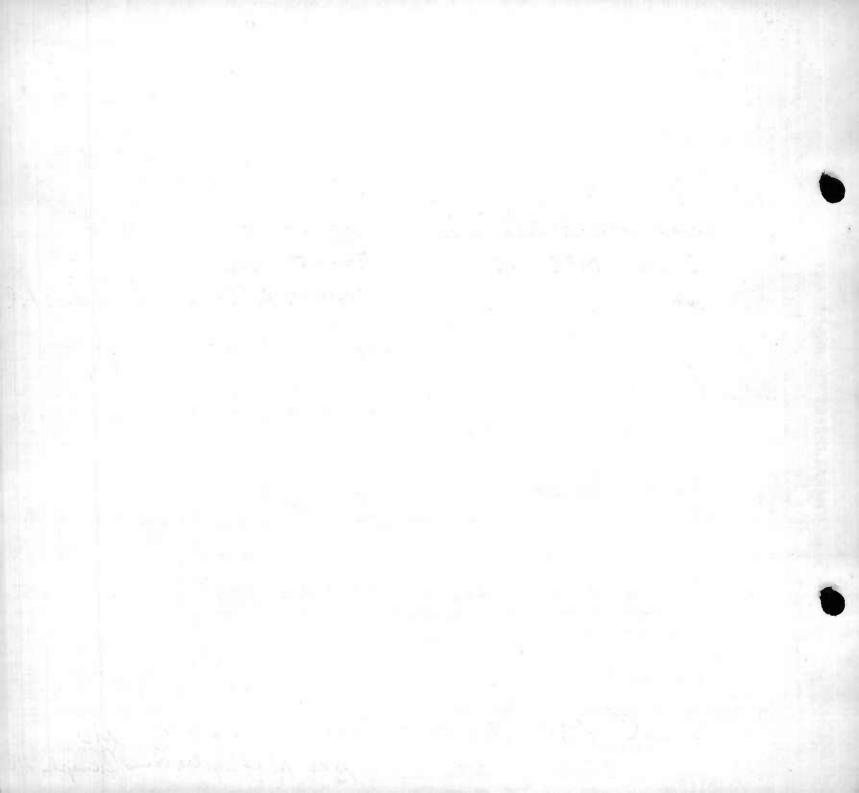
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID filf in Boltimore City, give exoct location) home, form, factory, street, office bldg... INJURY OCCUR? MEDICAL UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) OF INJURY WHILE AT NOT WHILE m. WORK Autopsy X 1 certify that I held on Inquiry Inspection ond that on this basis, deoth in my opinion resulted from: Notural couses X Suiclde Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER X EXAMINER'S

23C. NAME OF CEMETERY OF CREMATORY

248, NAME OF REGISTRAR

VS. 153 signed by funeral Director. 4-15-65

VS 150-REV. 1/1/65

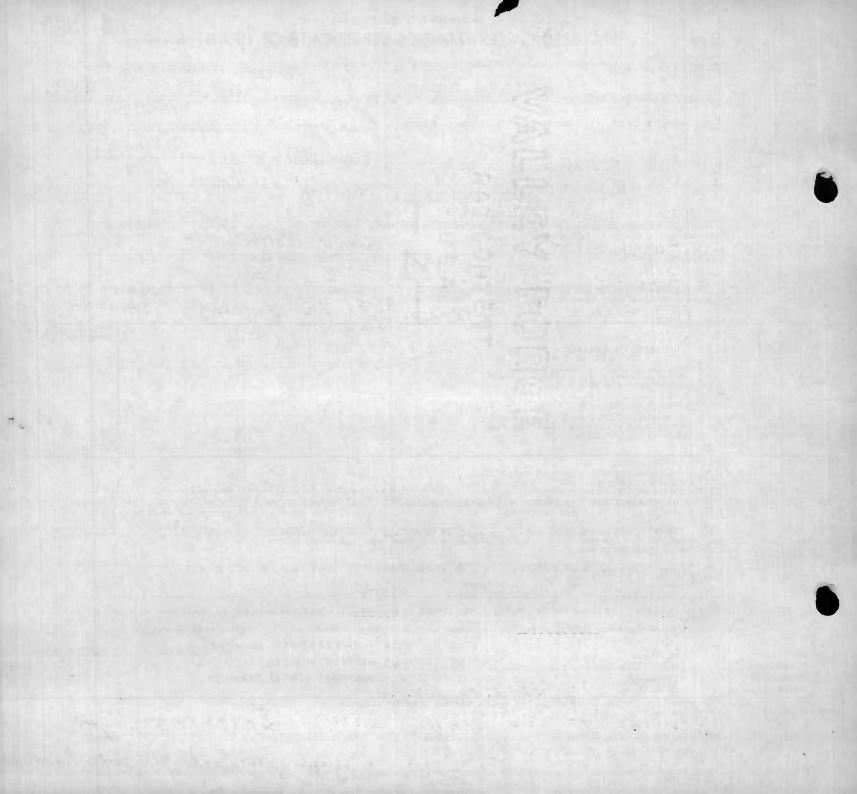


65

3837

Type or Print)	ECEASED						2. DATE AND	HOUR PRONOUN	CED DEAD		
		AL	EXANDE	ER EDWARD	)S		Apr	il 6, 1965		3:00	P. M.
PLACE IN BA	LTIMORE MARY	LAND, WHER	E PRONOU	NCED DEAD		4. USUAL RESIDE	NCE (Where	deceosed lived. If in:	stitution: resi	dence before o	dmission)
FULL NAME OF	UE NOT IN	N HOSPITAL (	OP INSTITU	TION, GIVE STE	DEET		rvland	corporate limits, wri			
HOSPITAL OR		OR LOCATIO	N)	HOIV, GIVE SIP	KLLI	C. CITY OR TOW	N (If outside	corporate limits, wri	te RURAL o	nd give townsh	ip)
NSITUTION						Ra	1timore		A second	71	
	1016	Aisquit	h Stre	et	100	D. STREET ADDR					
	1010	ritoquit.	II DELE			10	16 Aico	uith Stree	+		
5. SEX	6. RACE			NEVER MARRIE		8. DATE OF BIRTH	IU ALS	9. AGE (In years	If Unde	r 1 Yr. If Unde	
37. 1	37		DO WED, D	OIVORCED (speci	ify)			lost birthdoy)	Months	Doys   Hours	Min.
Male	Negr		S KIND OF	BUSINESS OF I	NDUSTRY	11. BIRTHPLACE (S	itate or fareign	60	12. CITIZ	EN OF	!
done during most o	f working life, even		. 10110 01	DO SITESS OR I	INDO STRI	Sail 16	OAR	OLINA		T COUNTRY?	
3. FATHER'S NA		(K)	2			300777	- // · )				
S. FAIRERS NA	I	- 1	1	2	-	14. MOTHER'S MA	- , ,	Mary State			
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	SED EVER IN U.S			16. SOCIAL SECURITY N	0.	17. INFORMANT	1		ADDRES		0
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injury or c	complication which	h coused deat	h.)								
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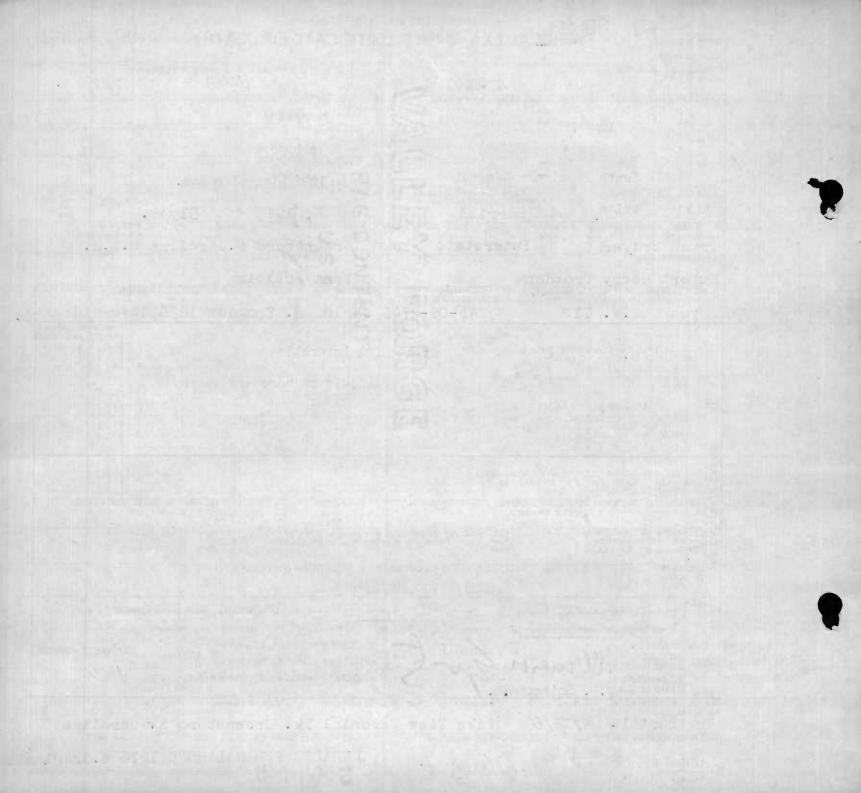
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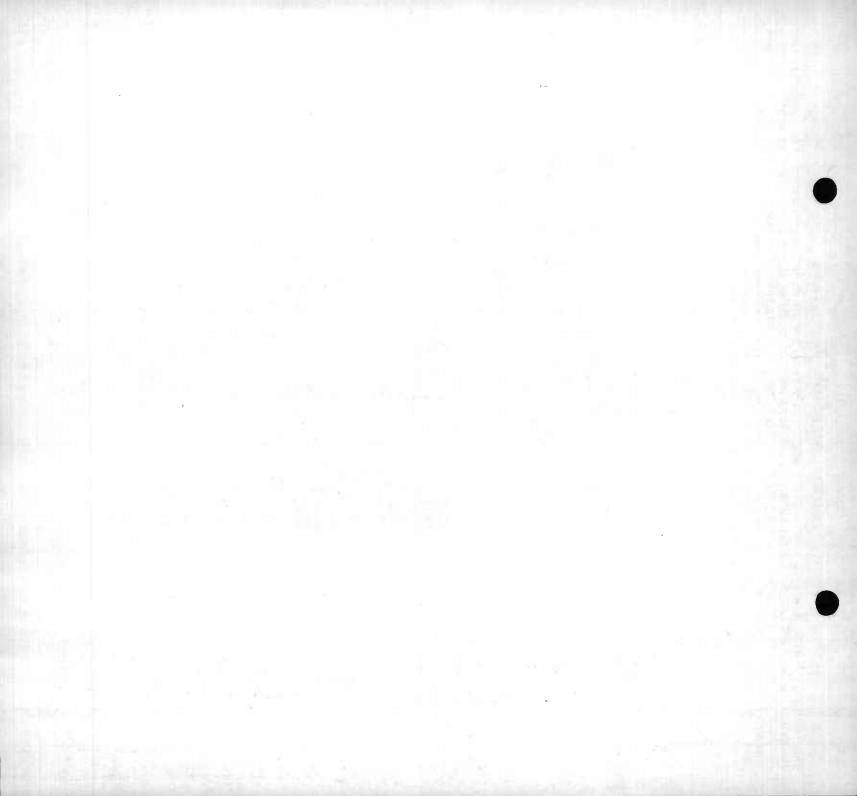
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HOSPITAL OR   Baltimore City Hospitals   4940 Eastern Avenue   Baltimore City Hospitals   4940 Eastern Avenue   Baltimore   Maryland 21224   D. STREN ADDRESS   III rund, give location   1600 Cape   May Road   21221		SIII NAME O	e dis est in home	iant on impaianati				
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13. FATHERS NAME	dan			ed)		11		
Enoch Williams    S. Wos Decessed Eve in U. S. Amed Faces   Scrice   Scrice	13.					14. MOTHER'S MAIDE	INIA EN NAME	U. S. A.
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NO  232-01-9030 RECORDS: BCH: 4940 Eastern Avenue ##  Is.   CAUSE OF DEATH   Nitewal B ONSET AND    Is.   CAUSE OF DEATH   Nitewal B ONSET AND    Is.   CAUSE OF DEATH   Nitewal B ONSET AND    It.   CAUSE OF	15	Was Deceased	Enoch Will:	iams Forces?	16. SOCIAL	17. INFORMANT	izabeth ?	ADDRESS
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LEADING TO DEATH  (This does not mean the mode of dying, e.g., heatt foliure, ostherio, atc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION test.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DISEASE OR CONDITION CAUSING II.  OTHER DISEASE OR CONDITION CAUSES OF DEATH?  WAS PERFORMED  OF CONTRIBUTING CAUSE OF DEATH?  OF CONTRIBUTING CAUSE OF DEATH Confirm the Causes of DEATH?  OF CONTRIBUTING CAUSE OF DEATH?  OF INJURY COCCUR?  OF INJURY  (APPROX.)  DEATH Condity medical examined)  OF INJURY COCCUR?  OF INJURY  (APPROX.)  DEATH Condition of the causes stated above. (I) (We) (did) (did not) view the bady after death.  21D. TIME Of The DEATH Course, and that in (my) (aur) apinian death accurred and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23D. ADDRESS  ADDITION (City, fown, or county)  Dr. Charles Carpenter  M.D. Altending Med. Store Director Physical City, own, or county)			8X1		CAUSE	OF DEATH		INTERVAL BETWE
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22. I certify that (I) (this hospital) attended the deceased fram April 8, 19 65 to April 8, that (I) (we) last saw the deceased alive an April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Charles Carpenter  M.D. Attending Med. Staff Phys. April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 to April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 to April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplaian death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplain death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23B. DATE SIGNED  April 8, 19 65 and that in (my) (aur) aplain death accurred and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23C. PHYSICIAN'S (Aur) and the causes state	AL C	OTHER SIGNI TO THE D DISEASE DR 19A. DATE OF	FICANT CONDITION IGSI.  FICANT CONDITION EATH BUT NOT IS CONDITION CAUSIN  OPERATION 198. (WAS	S CONTRIBUTE S CONTRIBUTE S CONTRIBUTE S CONTRIBUTE S CONDITION FOR PERFORMED	TING THE  OR WHICH OPERATION  21B. PLACE OF INJURY(e.g., home, form, foctory, street,	20A. AUTOPSY? (Ye	s or Na) 20B, IF YES, WER IN CERTIFYING (	
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	MEDICAL C	other signito the Underlying of the Disease Dr.  19A. Date of Or Contribution of Injury (APPROX.)  21D. Time of Injury (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	FICANT CONDITION Ideal.  FICANT CONDITION IDEATH BUT NOT IT CONDITION CAUSIN OPERATION 198. (WAS UNDERLYIN JTING CAUSE OF medicol examiner)  That (I) (this hosp last saw the deced from the causes IRE	S CONTRIBUTE RELATED TO AGG IT. CONDITION FO PERFORMED  G (Haur)  ital) attended asset alive a stated abave	TING THE  PR WHICH OPERATION  21B. PLACE OF INJURY (e.g., name, faim, foctory, sheet, etc.)  21E. INJURY OCCURRED  While At Not Whork  At Work  d the deceased fram  . (I) (We) (did) (did nat)  A.D. A.P.  Ph.	in ar about 21C. WHERE affice bldg., INJURY OCC 21F. HOW D  April 8 3, 19 65  view the bady after of Director 123D. Address  4940 Easte	DID (II in Boltim TYES  DID (II in Boltim TYES  DID (III in Boltim TYES  DID (III in Boltim TYES  A 19 65 to 19  and that in (my) (aur) a  death.  Staff Phy TYES  WERN TYPE  STAFF  STAFF  STAFF  TYPE  TYPE  TYPE  WERN TYPE  TYPE  TYPE  WERN TYPE  TYPE  TYPE  TYPE  TYPE  WERN TYPE  T	April 8, 19  April 8, 19  April 8, 1965  April 8, 1965
Burial 4-12-1965 Swan Pond Cemetery Martinsburg, W. Va.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES	MEDICAL C	OTHER SIGNITO THE DISEASE DR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	B above couse (CONDITION Idst.)  FICANT CONDITION IDST.  FICANT CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION (CONDITION CAUSING CONDITION (CONDITION (CONDITION))  THAT WAS UNDERLYIN (Manth) (Day) (You had to be compared to be compared to compared to compared to compared to compared to compared to condition)  That (I) (this hosp is that (I) (this hosp is saw the deced from the causes of the couses of the couse of the couses of the couse of the c	S CONTRIBUTE RELATED TO AGG IT. CONDITION FO PERFORMED  G (Haur)  ital) attended asset alive a stated abave	TING THE  PR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, faim, foctory, street, etc.)  21E. INJURY OCCURRED  While At At Work  d the deceased fram  n April (I) (We) (did) (did nat)  M.D. Aph	in ar about 21C. WHERE affice bldg., DIF. HOW D  April 8 3, 19 65  view the bady after of thending Med. Director  23D. Address 4940 Easte	DID (II in Boltim  OUR?  19 65 to and that in (my) (aur) a death.  Stof Physics (Physics of the Court of the	April 8, 19  23B. DATE SIGNED  April 8, 1965  timore, Maryland (City, town, or county)

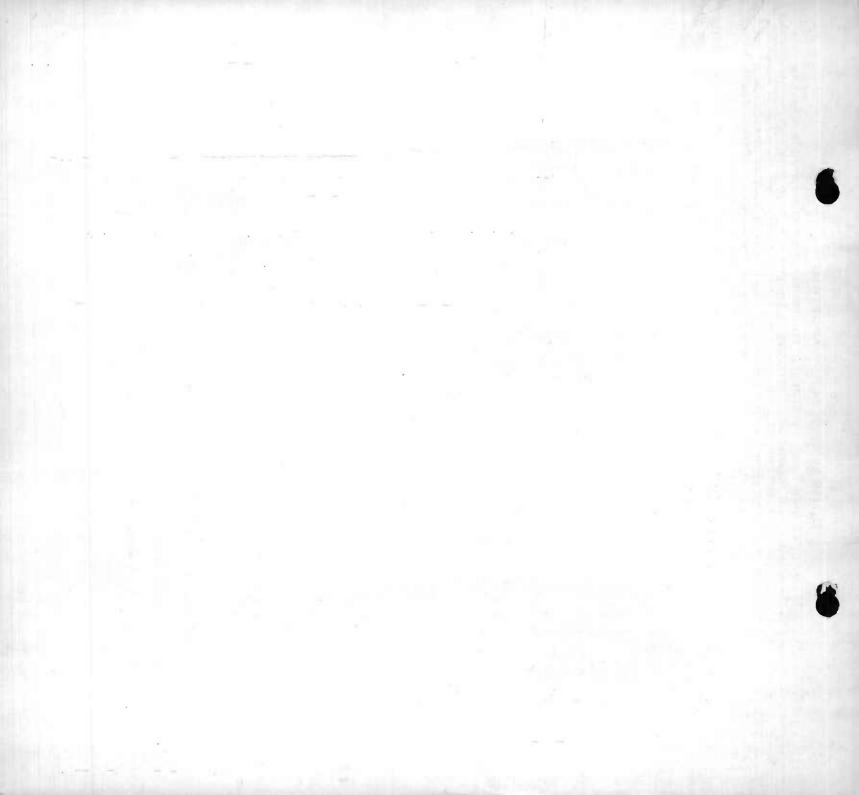


VS 151-REV. 1/1/65



	H NO. CASE NO. 65 3840	CERTIFICATE	OF DEATH	Registered Na.C	0030
1.N (Typ	AME OF DECEASED Linwood Re	insom	4	P 65	203
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		USUAL RESIDENCE (Where	deceased lived. If ins	stilution: residence before od
H	FULL NAME OF (If not in hospital or institution, give address or location) NSTITUTION	street C.	Marylan CITY OR TOWN (If outsi	de city limits, write R	URAL ond give township)
1	montobello State		Balt, m	ure	
1	Wowsersons syare	suprise o.		rol, give location)	treet
5. S	WIDOWED, D	VER MARRIED B. D. IVORCED (specify)	ATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
	Goodwill		Virginia		Cl.S.
3.	William Ransom	14.	Witegini		gho
5. 1	Was Deceased Ever in U. S. Armed Forces? 16.		INFORMANT		ADDRESS
, , es	(If yes, give wor or dotes of service)	SECURITY NO.	mrs. Linewood	od Pouse	m 1627 E.
	18. // S Y	CAUSE OF DE		VEVOL	INTERVAL BETWE
	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) CATO	inoma d	lung	5 mai
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHILE WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLA home, I etc.)	CE OF INJURY (e.g., in or or orm, foctory, street, office b	bidg., INJURY OCCUR?	tif in bollmore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN. OF INJURY (APPROX.) White A	Not White At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) attended the d			64 to Lf	19.
	that (I) (we) last saw the deceased alive an			in (my) (aur) apir	nian death accurred on
	and haur and from the causes stated abave. (1)	e) (did) (did nat) view	the bady after death.		
	Detech Inland	M.D. Attending		toff hys.	4 8 45
	23C. PHYSTCIAN'S	122.0	ADDRESS	1 1	1 + 1100
	23C. PHYSICIAN'S NAME (Type) Robert W. Ireland	M.D.	Monde	bello So	rau rog
24A	Robert W. Ireland Burial CREMATION, 24B. DATE 24C.NAME REMOVAL (Specify)  Sweat 4-12-66 MX	of CEMETERY OF GREMAT	TORY 24D. LO 25C. FUNERAL DIRECTOR	cation con	y, town, or county)



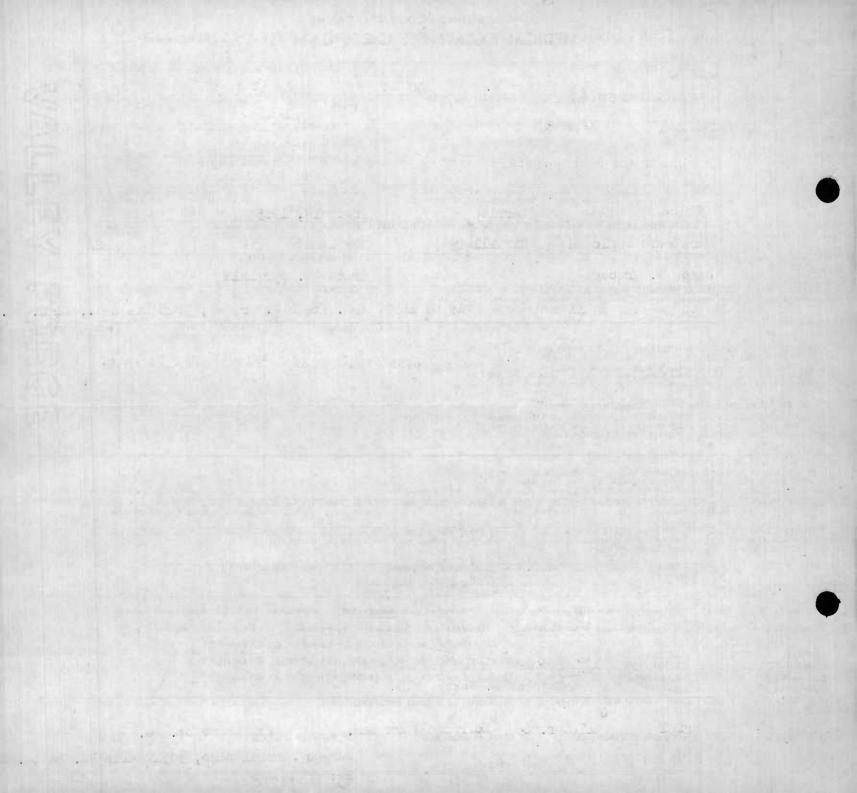


VS 151-REV. 1/1/65 P. D. B. E. Fr. Qu. 4.8

BALTIMORE	CITY	<b>HEALTH</b>	DEPARTMEN'	ľ
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		00.40		BALTIMORE CITY HEAL				CE	5	2921	
BIRT	н но.65	384 MEDI	CAL EX	CAMINER'S CI	ERTIFICATI	E OF DI	EATH Register	ed Na	/	OO.	-3
M.1	E CASE NO.	4									
	NAME OF DE	CEASED			2	DATE AND	HOUR PRONOUNCE	D DEAD			
	70 01 111117	LAWREN	CE E.	TRACEY		April 8	, 1965		1 :	2:35	A M.
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDEN	ICE(Where de	ceosed lived. If instit	tution: resi			
					Mary Mary	land	B. COU	411			
HO	L NAME OF	ADDRESS OR LOCA	TION)	JIION, GIVE STREET	C. CITY OR TOWN	(If outside o	corporate limits, write	RURAL o	nd give	townsh	ip)
INS	TITUTION				Balt	imore			-	VI	
	Union	Memorial Hos	nital		D. STREET ADDRES		ve location)	-	-	2-1-	
	Ollion	Hemorial Hob	picai		li .	L Elm Av					
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years				24 Hrs.
	TTI	) V-1-	200	DIVORCED (specify)		2 22 2	lost birthdoy)	Months	Doys	Hours	Min.
	White	Male	Marrie		March 14,		50	100 01-1-1			
		working life, even if retired)		BUSINESS OR INDUSTRY	III. BIRIMPLACE (SI	ole or toreign	country)	12. CITIZ	T COU	INTRY?	
Wi	arehouse	rmproyen	Distil	lery	Maryland				USA		
13.1	FATHER'S NAM	A E			14. MOTHER'S MAI	DEN NAME					
Ja	ames W.	Tracey			Grace V.	Sprink	le				
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	5		
	Yes	WW II	3 01 30111007	219 07 1552	Mrs. Ethe	l J. Tr	acey, 3701	Elm .	Ave.	, Bal	to.
CERTIFICATION	DISEASES RISE TO TH UNDERLY!	not meon the mode of , osthenio, etc. It meons mplicotion which coused on ANTECENDENT CAUSE OR CONDITIONS, IA IE ABOVE CAUSE (A) STANG CONDITION LAST.	the disease, death.)  S NY, GIVING TATING THE	(B)			ovascular D				
H	DISEASE O	DEATH BUT NOT REI	IT.								
R	19A. DATE OI	OPERATION 198, CON		WHICH OPERATION			B. IF YES, WERE FIN				
_	AL FURNISH	1 - 11100 11100			Yes						es
MEDICA	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or obout 21C, WH	OCCUR?	in Boltimore City, giv	e exoct lo	ocofion)		
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT AT W	WHILE	V DID INJURY	OCCUR?				
	22. I cer	tify that I held on I	nquiry 🗌	Inspection Aut	opsy x ond	thot on this	bosis, deoth in m	y opinio	n		1 - 1
	resu	Ited from: Natural co	uses X A	suicide	e Homicide	Un	determined monne	r 🗌			
	ACTUA SIGNAT EXAMIN	VER'S Cha	rles S	Petty, M.D.	A C C L C T A L L T A L C L		MINER 🖾			TE SIG 8/65	NED
234	NAME (			C. NAME of CEMETERY of	CREMATORY	23D. LOC	ATION (City	town, or	county)	(5	Stoto)
	AOVAL (Specif		23	OF ITALIE OF CEMPTERS O	CREWIATORI	230. 200	.Allow (City,	TO WILL OF		1	
1	Burial	12 Apr.	65 I	orraine Park	Cem.	Balt	imore Co. 1	/d			

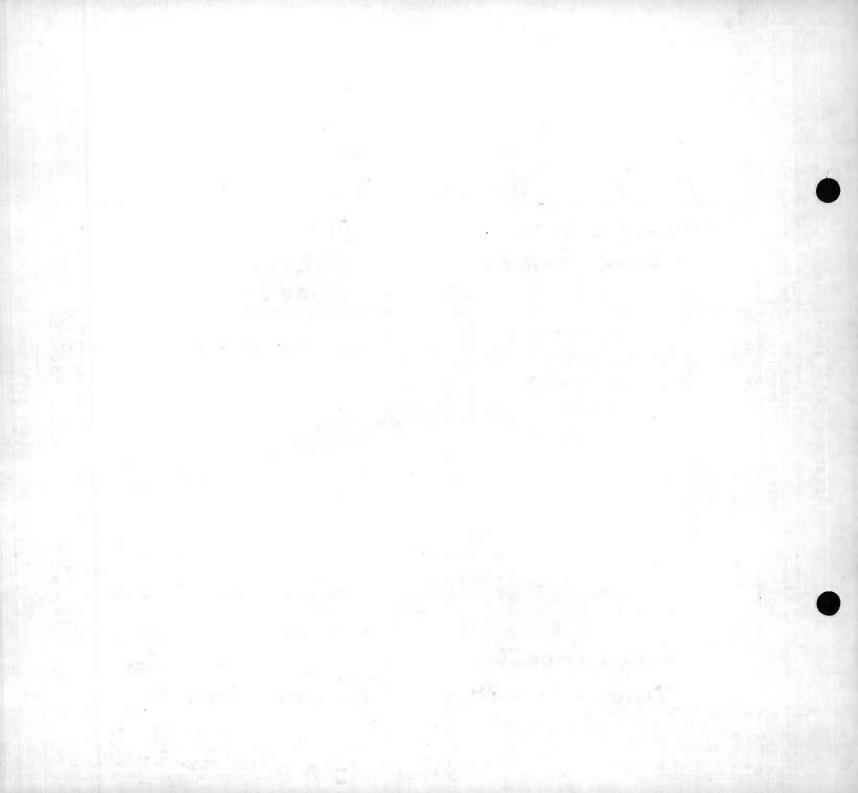
Burgee Funeral Home, 3631 Falls Rd. Balto. Md



IMPORTANT

DIRECTOR:

FUNERAL

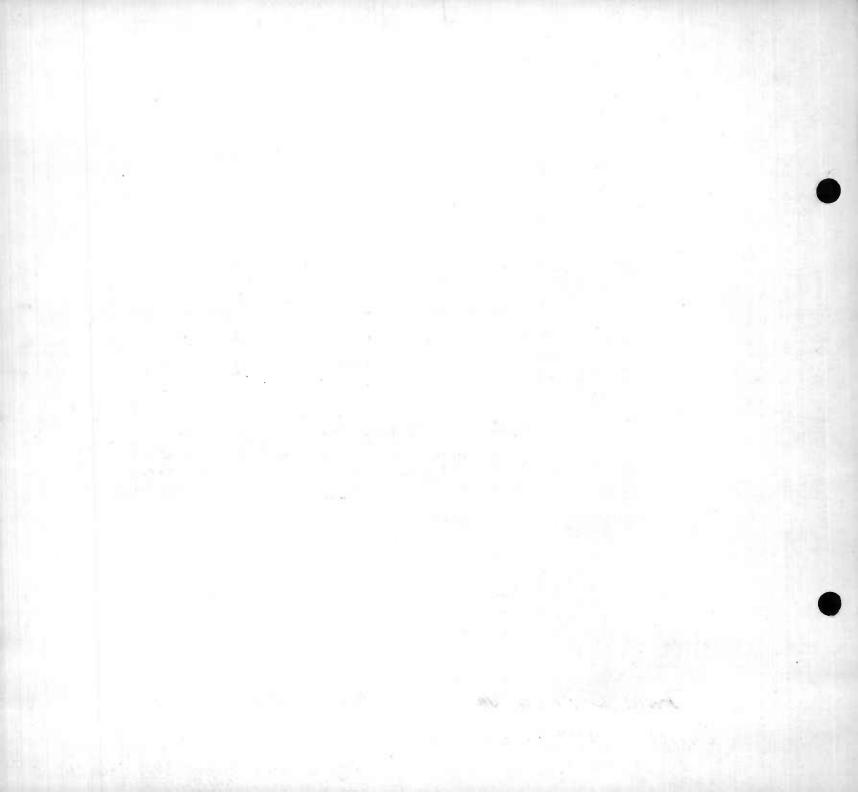


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DIRECTOR:

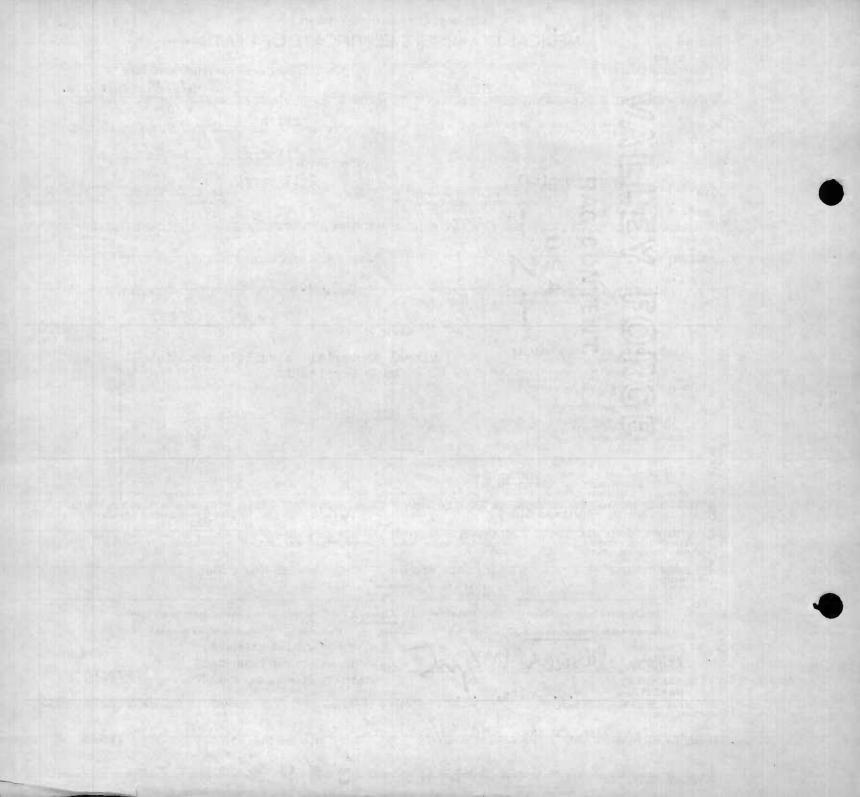
FUNERAL

VS 150-REV. 1/1/65



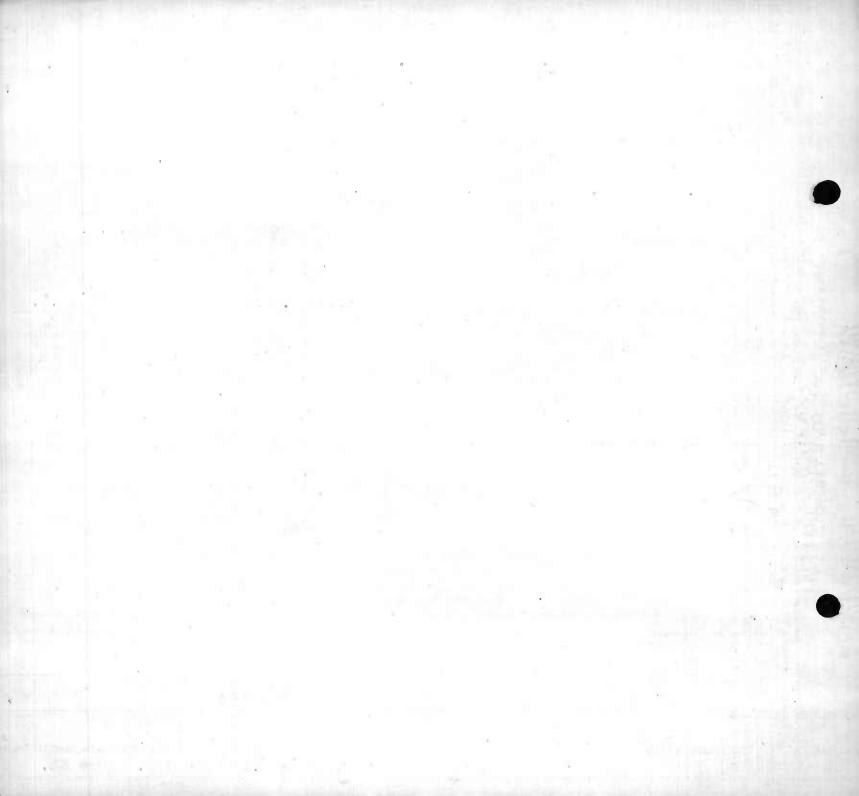
	BALTIMORE CIT	Y HEALTH DEPARTMENT		00000
BIRTH NO. 65 3846	CERTIFICA	ATE OF DEATH		65 3846
I, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) MRS. BER	TIE LEE McCARTIN	April	1 9, 1965	11.30 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admis
FULL NAME OF (If not in hospital or in	stitution, give street	Maryland		13-07
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write	RURAL and give township)
87 F Wast 28+1	Ctonoct	Baltimore	9	
815 West 38th	2 meer	D. STREET ADDRESS (If rus	rol, give location)	
		815 West	38th Stree	t
	MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24
Female White	WIDOWED, DIVORCED (specify)		st birthdoy)	Months Doys Hours M
	Married	May 11, 1887	11	
OA. USUAL OCCUPATION (Give kind of work 10 & lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country	12. CITIZEN OF WHAT COUNTRY?
At Home		Maryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Incomb W/4 7				
Joseph Wilson		Jenny Knapp		
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Chanles T Macan	44 4021	. Alto Assesse
		Charles L. McCar	PILL OUT	Alta Avenue
18.420.0	CAUSE	OF DEATH	/	ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	(a) - (1)	11. 11	
LEADING TO DEATH	(1)	Herensellio KI	PECUS/A	10 7m.
(This does not mean the made of dyi	ng, e.g., DUE TO			
heart foilure, osthenia, etc. It means the	disease,	110 //		
injury or complication which caused dea	(h.)	Mily te to an	1	V110.
ANTECEDENT CAUSES	(B)	100000000000000000000000000000000000000	******************	7/
DISEASES OR CONDITIONS, if ony,	DUE TO			1
rise to the above cause (A) sta				
UNDERLYING CONDITION last.	***************************************			
11				
Z OTHER EIGHEICANT CONDITIONS CON	TRIBUTING			
O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
U 19A-DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES WEDE	FINDINGS CONGRESSO
		ACIOFSI; ites of ites	IN CERTIFYING CA	USES OF DEATH?
WAS PERFORM				
OR CONTRIBUTING CAUSE OF	home, form, foctory, street	office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Yeor) (H	oui) 21 E. INJURY OCCURRED	21F. HOW DID INJUI	ax occurs	
OF INJURY (Month) (Doy) (Year) (H			KT OCCUR?	
(APPROX)	While At Not Will Work At Work			1//
22 1		This of Vo	65 4	11016
22. I certify that (I) (this hospital) at		10000 10 19	les to	19
that (I) (we) last sow the deceased a	live an 3/10/6	19and that	in (my.) (abr) ap	inian death accurred an the
and have the from the causes stated	Bhave. (1) (War) (did) (did not)	view the hady after death		, ,
23A DONATION CONSTITUTION	7.2.3. (1) (	The budy diler deoffi.		1220 DATE SPENSO
MINIME MOSIL	1100			23B, DATE SIGNED
Julian Clary			toff hy s.	1/10/05
23C. PHYSICIAN'S		23D. ADDRESS /	1 /1	, ,
NAME (Type)	OFCIAL	26231 HTILLA	1 /1	,
WORLER WITH	M.C	- 4001/100glace	1 19	
4A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 14D. LOC	CATION (C	ity, town, or county) (Sto
REMOVAL (Specify)		V		
Burial April 12,	1965 Woodlawn	Bal	timore Co.	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 12 1965 A D 184 9	SEA DECEMBER 13	Burges, Funera	al Home	3631 Falls Road
11 11 - 1000 U VENO C	V - Control		CHANA	
/S 150-REV. 1/1/65		- Morcos Y	1 May	

BIRTH NO.	MED	ICAL EXAMINER'S C	ERTIFICATE OF [	DEATH Registered No
M.E. CASE N				
1. NAME OF (Type or Print)		The state of the s	2. DATE AN	D HOUR PRONOUNCED DEAD
2 81 4 65 141	WILLIW WILLIAM			4/9/65 5:50 a.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution residence before admissible COUNTY
FULL NAME HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside	e corporate limits, write RURAL and give township)
,			Baltimor	
			D. STREET ADDRESS (If rurol,	
	Mercy Hospi		2613 Ber	*
s. sex male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	D- 25-19/6	9. AGE (In years   If Under 1 Yr. If Under 24   Months Doys Hours M
		TOB KIND OF BUSINESS OF INDUSTR	Y 11. BIRTHPLACE (State or foreig	
Auto 13. FATHER'S	st of working life, even if settred)  MECHANIC  NAME	FILLING StatION	Clean Water	S.C. ZI,S,A.
21	4/		0 17/	
15 WAS DECE	EASED EVER IN U.S. ARMED	FORCES? 116. SO CIAL	Jarah Inc	2 M as
(Yes, no or unkn	nown) (If yes, give wor or date	s of service) SECURITY NO.	THE CANALANT	
NO		248-14-7031	Clara E. Thoi	Mas 26/3 Benv/Avel
1B. 44	30,0	CAUSE	OF DEATH	INTERVAL BETWE
DI	SEASE OR CONDITION DI	RECTLY		
	LEADING TO DEATH	Mitrai	bacterial valvul	itis associated
(This do	pes not meon the mode of illure, osthenio, etc. It meons	dying, e.g., DUE TO WI	th septicemia	
injury o	r complication which coused	deoth.)		
	ANTECENDENT CAUSE	:S		
DISEAS	SES OR CONDITIONS, IF A	NY, GIVING (B)	***************************************	
UNDER	THE ABOVE CAUSE (A) ST RLYING CONDITION LAST.	TATING THE		
Z		(C)		
E	11			Mariano - Maria - Principal
OTHER TO THE	SIGNIFICANT CONDITIONS HE DEATH BUT NOT RE			
	E OR CONDITION CAUSING			
19A. DATE	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION FORMED		208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YOS
21 A. EXTE	RNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Bo)timore City, give exact location)
UNDERLYII	NG OR CONTRIB-	home, form, foctory, street, etc.)	office bidg., INJURY OCCUR?	
Z 21D TIME	E (Month) (Doy) (Yeor	) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJU	IPY OCCUP?
OF INJUR			WHILE	AT OCCOR:
22.	certify that I held on I			- Landa da ak ta an antata
				is bosis, deoth in my opinion
re	esulted from: Natural car	uses X Accident Suicid	e Homicide L	Indetermined monner
107	1.000 0	111/1	CHIEF MEDICAL EX	AMINER DATE SIGNED
	NATURE WENCE	L VIGNC MD	ASSISTANT MEDICAL EX	CAMINER
	MINER'S	43	ASSOCIATE MEDICAL EX	(AMINER X 4/9/65
		Spits, M.D.		
23A. BURIAL REMOVAL (Sp		23C. NAME OF CEMETERY	CREMATORY 23D. LO	OCATION (City, town, or county) (Stote)
Buy	12/ 4-12	-65 M+ Calusia	il protoni Di	up Anundal Ca md.
24A. DATE RE	C'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS ADDRESS
			8 1000	10000 D
APR 1	2 1005 A A A	of Folker on	~ Harecomplet	Cedleck 14/2 E. Proston
VS 151-REV.	1/1/65		0 0 170	

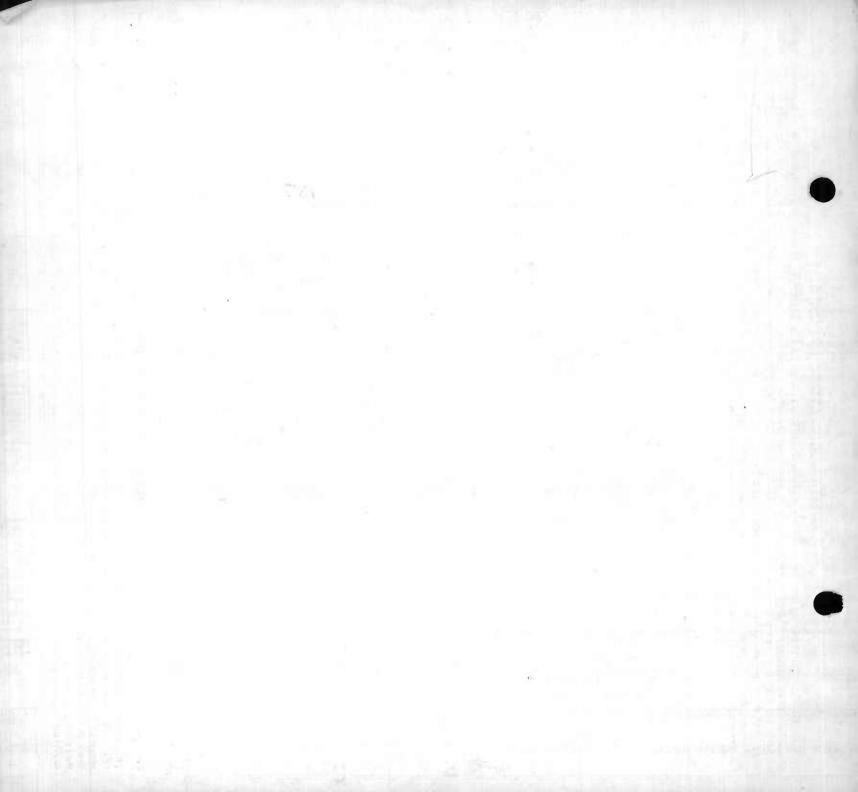


FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	65	3848		Y HEALTH DEPARTMENT	Registered No.	65 3848
M.E. CASE NO.  1. NAME OF DE (Type or Print)	CEASED	DDOTT		2. DATE	AND HOUR OF DEATH	
R. PLACE OF D	PEATH IN BALTIMORE MA	PROUT	Mary F.		•	1 4:30 A
FULL NAME HOSPITAL OI INSTITUTION	OF (If not in haspital	ar institution, on)		Marylan c. cirr or rown (If Baltimor	JNTY  d  outside city limits, write	RURAL and give township)
				1942 Drui	d Hill Ave	
S EX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
F.	C.	WIDOWE	D. DIVORCED (specify)	5/30/78	86	retonins, Days Hoors, retin.
		k 108. KIND O	F BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or fo		12. CITIZEN OF
_	of working life, even if setired) BStic			Maryland		U.S.A.
3. FATHER'S N				14. MOTHER'S MAIDEN N		0.5.11.
F 144			13 4	Fannie		
Yes, no or unknow	ed Ever in U. S. Anned Fo wn) (If yes, give was as dat	es of service)	SECURITY NO.	Sadie T. E	rown Atla	arris Pl. Intic City, N.J.
CThis does heart foilure injury or control of the DISEASES lise to UNDERLYII OTHER SIGNORY TO THE DISEASE OF TO THE DISE		I dying, e.g., s the disease, d death.)  Sony, giving sloting the CONTRIBUTINATED TO THIT.  NOTION FOR REFORMED	(B) DUE TO  (C)  IG HE WHICH OPERATION  3. PLACE OF INJURY (e.g., ne, form, foctory, street, .)	in or obout 21 C. WHERE DID	(If in Baltima)	FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact location)
OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED  nile At At Work  At Work		NJURY OCCUR?	
that (I) (w	TURE .	ed olive on	(1) (We) (did) (did not)	tending Med. Director D		23B. DATE SIGNED  23B. DATE SIGNED  3B. Ball 18h
Buria Buria	(Specify)	24C.N	Auburn	- NSS-140 (A. 7) 371-01		Maryland (State
	2 1965 R.O.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
\$ 150-REV. 1/	1/65		6 7	- J - J - J		



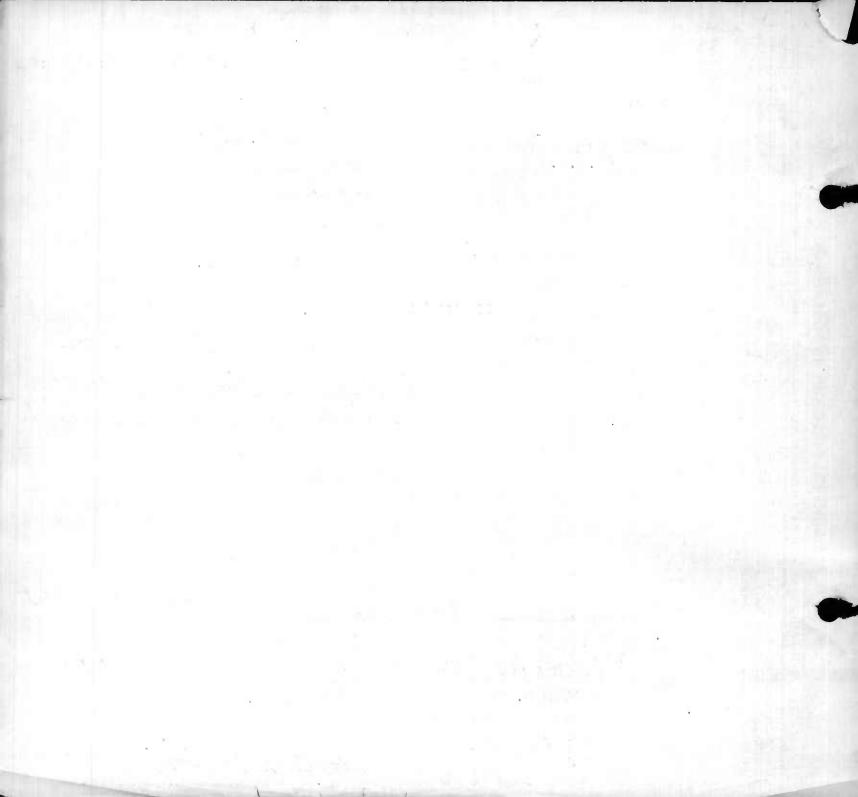
	05	0040	BALTIMORE CITY	HEALTH DEPARTMENT	1	05 2940
BIRTH NO	. 65	3849	CERTIFICA	TE OF DEATH	Registered Na.	65 3849
M.E CAS	OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Type or P		D 1 : 100				5115 PM
3. PLACE	OF DEATH IN BALTIMORE,	MARYLAND	<u>,                                      </u>	4. USUAL RESIDENCE (Where	e deceased lived. If in:	5 / 15 PM stitution; residence before admission)
				A. STATE B. COUN	11	- 1
FULL N	TAL OR oddress or loc	ital or institution,		MO.	10	-01
INSTITE	UTION Little Sis	ters of	the Poor	C. CITY OR TOWN (If outs		UKAL and give township)
0	1200 VALL	EV ST.		D. STREET ADDRESS (If	rurol, give location)	
	1200 VALL BALTIMOR	e md.		BALtimore		1
5. SEX	6. RACE		NEVER MARRIED		9. AGE (In years	
N	1	WIDOWE	D. DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
103 115114	VV	TOP WIND O	E BUÉLNIESS OR INITIATERY	8.8.1878	06	No objective of
	AL OCCUPATION (Give kind of ground of growing most of working life, even if retire		F BOSINESS OK INDUSTRE	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
LAV	NVER			Johnstown	PA.	usa
3. FATHE	NYCR			14. MOTHER'S MAIDEN NAM		
Pat	FRICK DOWL	ing		MARY Mito	cheLL	
5. Wes D	Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
. /	unknown) (If yes, give wor or	doles of service)	SECURITY NO.	Little Sister	70 11	Bas
NO					es of the	= 10012
18.	42211		CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA		P	la son	· od	
(This	does not meon the mode		(A) DUE TO	elmonory	cerema	
heorl	failure, asthenio, etc. It me	ans the disease		0		
injury	or complication which cau		(B)	17.5, C.V. 4	0,	
	ANTECEDENT CAU		DUE TO	~	1	
	ASES OR CONDITIONS, to the above cause (		(0)	A.S. C.V. a	orterios	06
	ERLYING CONDITION last.		(0)			
	11					
N OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTIN	IG			
	THE DEATH BUT NOT P		HE			
H 19A. C		PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
DAY'D	W A3	T EKT O KIVIED			III CERIII IIIIO CAC	Jaca Of DEATH:
U 21 A.	ACCIDENT WAS UNDERLYING CAUSE OF	G 211	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
Z DEAT	H (notify medical examiner)	etc	.)			
21 D. 1	TIME (Month) (Doy) (Ye	eor) (Hour) 21E	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF IN		Wi	hile At Not While	e C		
		***	OIK — AI WOIK			
22. 1	certify that (I) (this hosp	ital) attended t	the deceased fram	1	964 to C	m7/0 1965
that	(i) (we) last saw the dece	ased alive an.	aprill	0 1965 and the	it In(my) (aur) opir	nian death accurred an the date
and I	haur and from the causes	stated abave. (				
23A. S	SIGNATURE /	0				23B, DATE SIGNED
	Treent	Leef lanx	end of M.D. Alle	ending Med. Director	Stoff Phys.	4. 13.65
23 C. P	PHYSICIAN'S	1		23D. ADDRESS	rity s. 🗀	
	NAME (Type)	1 . 1	M.D.		ALtimore	54
10+		udas				
	AOVAL (Specify) 24B. DATE	1 - 24C.N	AME of CEMETERY of CRE	MALURT 240. ts	CATION , (Cit	y, lown, or county) (State)
(1211	Mids 4/13	160 1	alhedra	(1)	allmi	rl.
25A. PAT	E REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C, EUNERAL DIRECTOR	2. 1 (	ADDRESS 2020
AP	17 12 1964 O.C.	el Esto	Kleutit 13 17	HURCH H	rurgo.	no Onleansor
VS 150-RE	EV. 1/1/65		V 20	0 9/0/13	0	

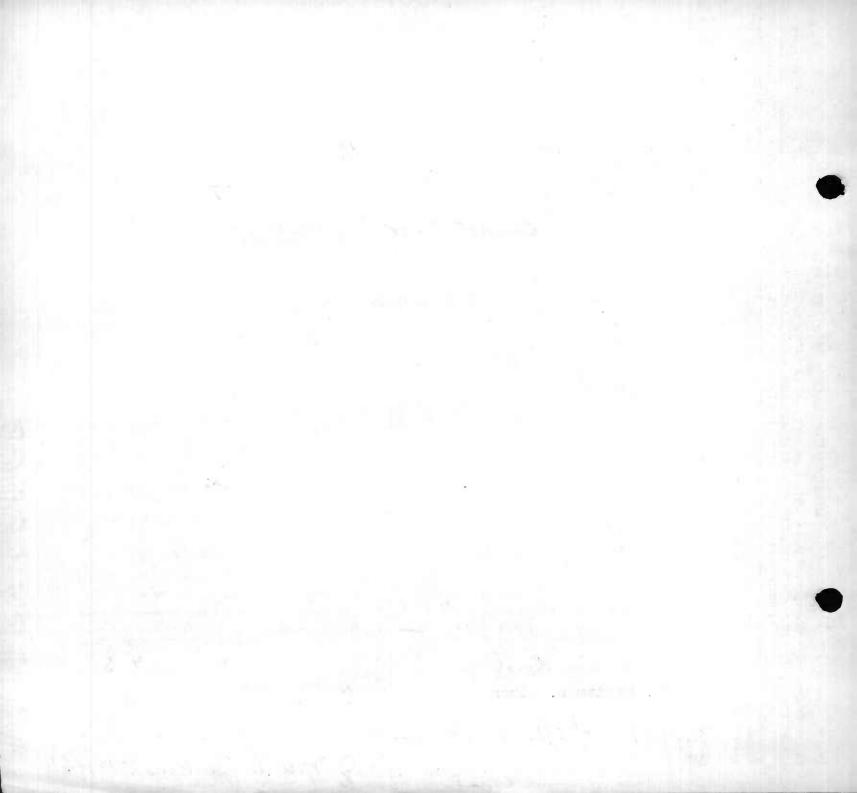


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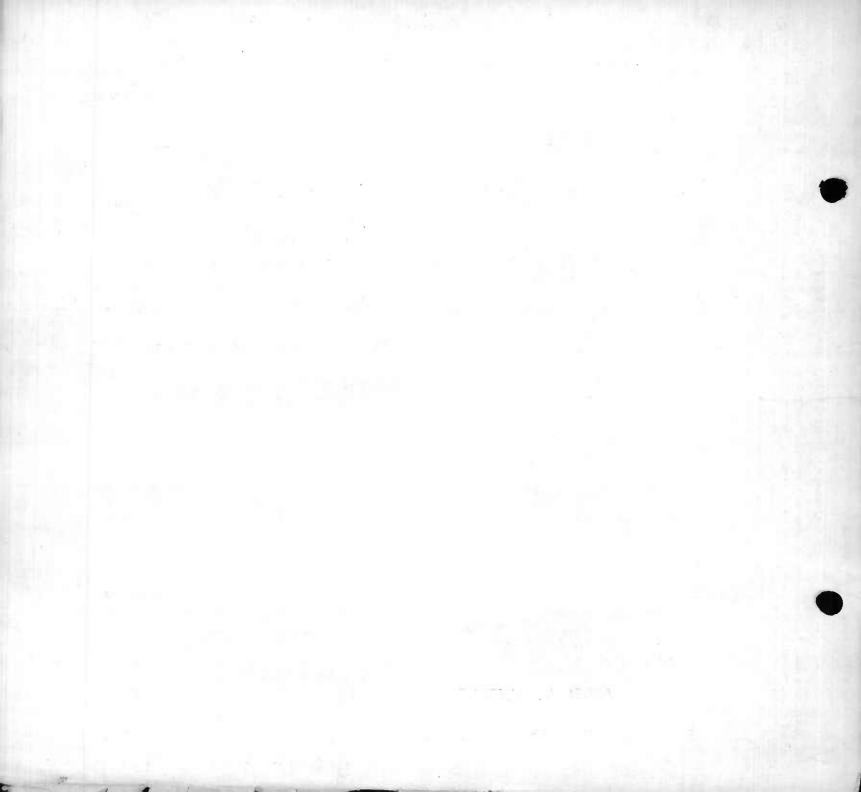
2024 Orleans St

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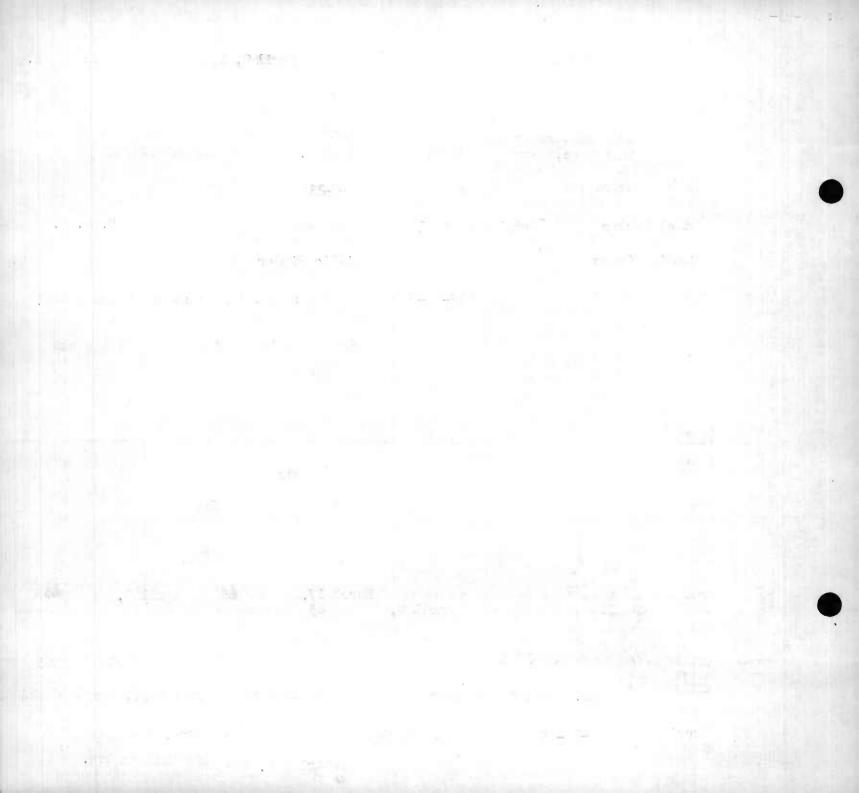
VS 150-REV. 1/1/65



April 9, 1965 1:30 A.M

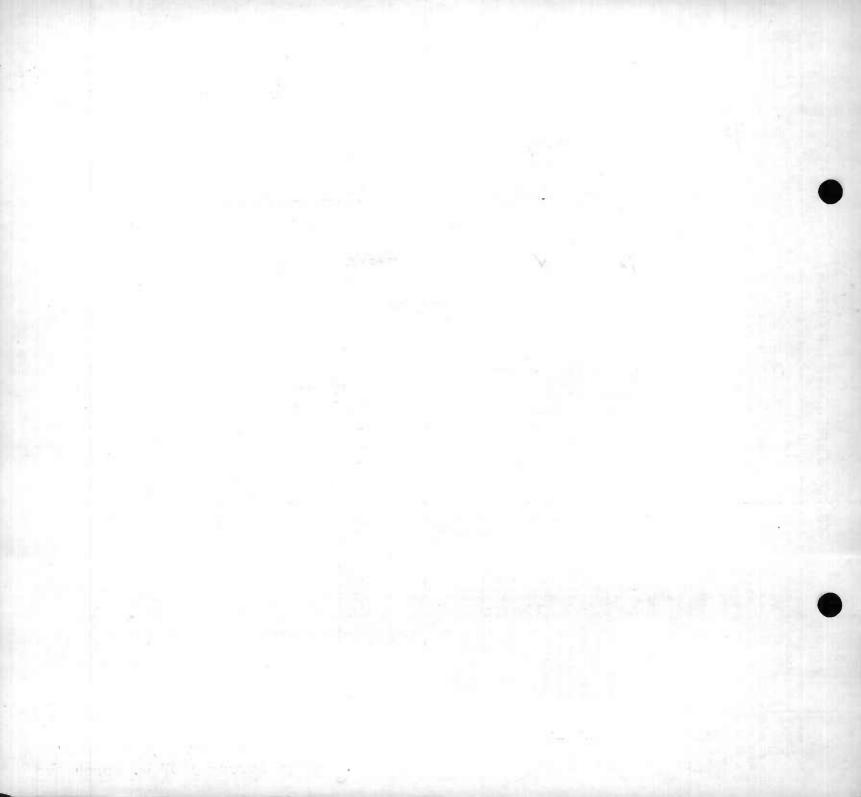
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE

8. COUNTY (If outside city limits, write RURAL and give township) #21205 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS RECORDS: BCH: 4940 Eastern Avenue #21224 INTERVAL BETWEEN ONSET AND DEATH ? 4 Weeks 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that (1) (this haspital) ottended the deceased from March 17. 19 65 to April 9. 23B. DATE SIGNED April 9. 1965 4940 Eastern Avenue Baltimore, Maryland #24 (City, town, or county) deceased Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/65

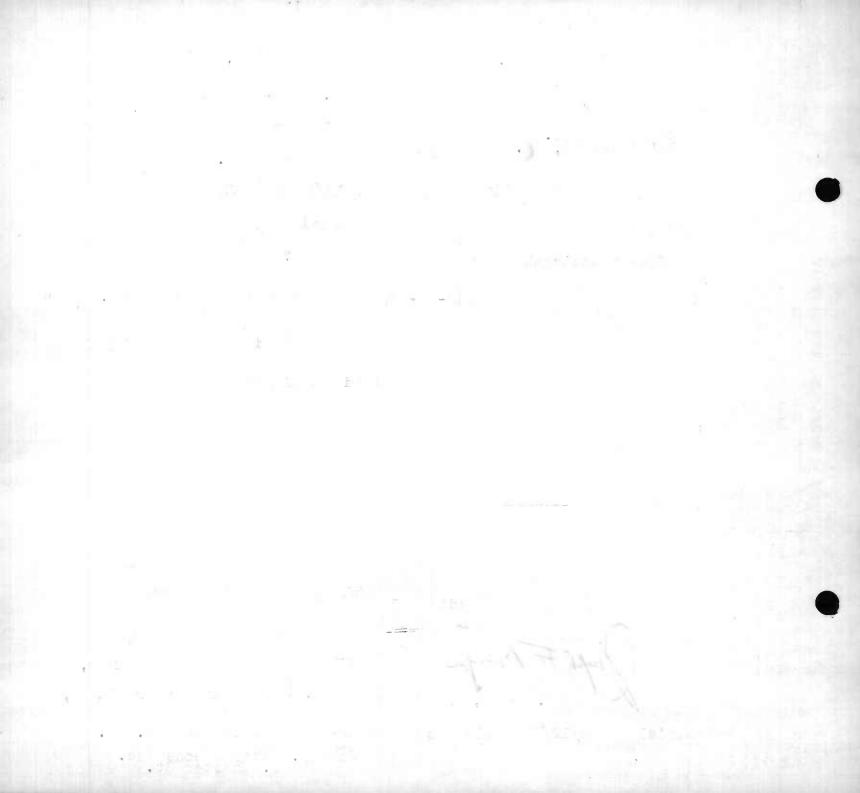


551			BALTIMORE CIT	Y HEALTH DEPARTMENT		05 2055
7-70-	BIRTH NO.	65 3855	CERTIFICA	ATE OF DEATH	Registered No	65 3855
and at se se th th	1, NAME OF	DECEASED		2. DATE AN	ND HOUR OF DEATH	
de de	(Type or Print)	Brannan 1.	Irs. Annie 4.	Apri	127,196	5 // 45 pm. stitution: residence before odmission)
of of	3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in:	stitution: residence before admission)
hosp ise (5) ig dec	FULL NAM	E OF (If not in hospital	or institution, give street			19-18
da o	HOSPITAL O	OR oddress or location		c. CITY OR TOWN (If ou	tside city limits, write R	CURAL and give to nship)
use de la constant de	M	1. 10	, , , , , ,	D. STREET ADDRESS (II	ere, 18	
a ca	Mar	yland (Ten	neral Hospital	1002 E. Z	rurol, give locotion)	
de a de	5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	0.00 31.	
a d in ib	Frema		WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  S/3-/577  Y 11. BIRTHPLACE (State or force	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occu ontr ormi regu sase is m			Married 10B. KIND OF BUSINESS OR INDUSTR	Y 11 REPTHPLACE (State or fore	3//	12. CITIZEN OF
on on one	done during mos	t of working life, even if retired)		4	g.,	WHAT COUNTRY?
or Jude Is in de	13. FATHER'S	isewife		maryla		U.S.A.
if d (4) U wa the spos		T. To News	1. E	TENG. A Very	ME	
# = E = #				-		
B	(Yes, no or unkn	sed Ever in U. S. Armed Forown) (If yes, give wor or date	16. SOCIAL SECURITY NO.	17. INFORMANT Clare	ance W. Bry	annanADDRESS
fire a kapping	no		21207-9922	Husband 1002 E 201	fry John	one Ind.
any any ced nda	18. 4	12X1	/ CAUSE (	OF DEATH	Tr. bace	INTERVAL BETWEEN ONSET AND DEATH
COT FOD	DIS	EASE OR CONDITION DIE LEADING TO DEATH	RECTLY	man : +3	Muscay	
Als nou att	(This dae	s not mean the mode of	dying, e.g., DUE TO	Tenmo on los	, ingo care	dial about 1 month
oro ba		re, asthenio, etc. It means camplication which caused	the disease, death.)	infarction		about 1 month
in in		ANTECEDENT CAUSES	(B)	Loute Hear	Failur	e
A A Wh	DISEASES	OR CONDITIONS, if				
33) ex		the above cause (A)	stating the (C)			
ical cal ns; (cia cia as	ONDERE	II				
did did		GNIFICANT CONDITIONS C	CONTRIBUTING	PAST	, , ,	
dy but phy cian	DISEASE	OR CONDITION CAUSING	1.	Cardiac F.		
	19A.DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAL	INDINGS CONSIDERED
by cby cby cby cby cby cby cby core t	U 21A. ACC	DENT WAS UNDERLYING	21R PLACE OF INITIBY (e.g.	in or about 21C. WHERE DID	Uf in Reltimese	City, give exact location)
tall tall s; (2 here No p	OR CONT	RIBUTING CAUSE OF		office bldg., INJURY OCCUR?	W III DOMINOTE	Only, give exact locolions
No Se	21 D. TIME		(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	ILLAY O CCUM	
hospit nature ept wl d (6) N ained h	OF INJUR		White At - Net W/h	11-	OKT OCCOK:	
0 0	(APPROX.)		Work At Work	(	-/-	
0 = 0 0			) attended the deceased from	/ /-	19 65 to	4-7 1965.
ap to to of a line of a li		we) lost saw the decease			ot in (my) (our) opir	nion death occurred on the dote
dent of ospital death)			ted above. (1) (We) (did) (did nat)	view the bady ofter deoth.		
must eleas ccide a hos to de al mu	23A. SIGN	ATURE /	A KO MO AL	tending Med.	Stoff Phys.	23B, DATE SIGNED
	22 C BLIVE	01) [0	Ph	tending Med. Director	Phys.	4-1-65
An a An a prior	23C. PHYSI NAM	E (Type)	1-1 K.1	23D. ADDRESS		
y was rely y was rely 1) An acc 3.A. at a l d prior to approval	24A BIIBLAL	Cy C	LOL MON M.D.			
	-	L (Specify)	24C. NAME of CEMETERY or CI		OCATION (Cit	y, town, or county) (State)
This cerrithe body shows: (was D.C decease written	Entomb		) - ) =	usoleum W	oodlawn	Md.
This the bashow was decement	25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS
F = 2 3 0 3	APK	196h (120.)	48 Jaly 1 0 0	G. Howard S	trong 3207	W. North Ave
	VS 150-REV. 1	/1/65		The state of the s		

FUNERAL DIRECTOR: IMPORTANT

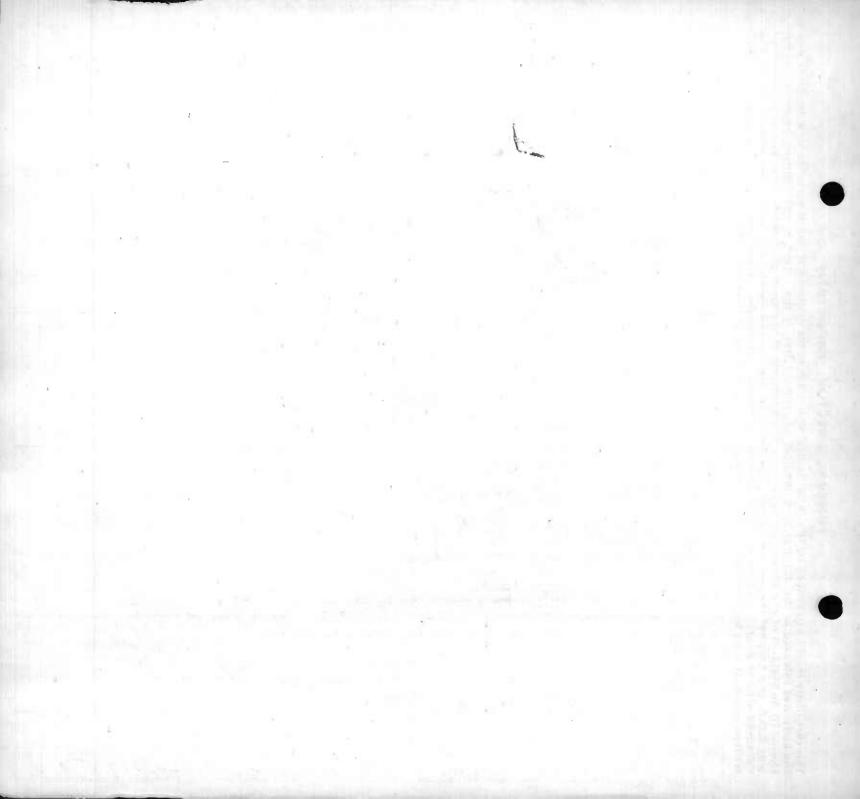


			BALTIMORE CITY	HEALTH DEPARTMENT		60 tm
BIRTH NO.	65	3856	CERTIFICA	TE OF DEATH	Registered No.	65 385
M.E. CASE NO.		,		100000000000000000000000000000000000000	AND HOUR OF DEATH	· · · · · · · · · · · · · · · · · · ·
Type or Print)	JOSEPH:	INR S.	RADOMSKI		1 9, 1965	
PLACE OF D	EATH IN BALTIMORE, A		f(tranound)t 1	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
	3 , 3"		A to not	A. STATE B. COI	2.2	
FULL NAME	OF (If not in hospit R oddress or loco	of or institution,	give street	Md.	- 21%	* · · · · · · · · · · · · · · · · · · ·
INSTITUTION	oddiess of foco				outside city limits, write	RURAL ond give township)
221	9 Gough St.		-	Baltimoso D. STREET ADDRESS	(If well obes leasting)	
Bal	9 Gough St. timore 31,	Ma.			(ii fordi, give locolidii)	
		And the same of th	Tanapani AFR	2219 Goug		
. SEX	6. RACE		D, DIVORCED (specify)	9/15/1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	CUPATION (Give kind of w		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF
	of working life, even if retired		}		,	WHAT COUNTRY?
House				Poland	)	Poland
3. FATHER'S N	AME -	21		14. MOTHER'S MAIDEN N	AME	
Jo	seph Szulc:	zak	THE VEHICLE	?		
	ed Ever in U. S. Armed I wn) (If yes, give wor or d		1 6. SOCIAL	17. INFORMANT		ADDRESS
No	wnitt yes, give wor or d	gres or service)	SECURITY NO.	Mary Bawros	ki 2219 Ga	ugh St.
1B,			CAUSE O			INTERVAL BETWEEN
133	ACE OR COMPLETON	NECT! V	CAUSE	DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION I LEADING TO DEAT		S	econdary Anem	ำล.	4/5/65
	not meen the mode		DUE TO		<u></u>	17/2/2
	e, osthenio, etc. It meo omplication which caus		Last 1 will	20 % Als 4	16.8 1600	1 10 00
more or	ANTECEDENT CAUS		(B) C	arsinema of Ce	oun.	7/24/64 (?)
			DUE TO	out wirested and 0 may not a not an 00 m n 00 m n 00 m n 0 0000 m man 0 m	90 mm mm mm m 0 m 0 m m minimininini di m model m 0 m 0 dan (in	
	OR CONDITIONS, in					
	NG CONDITION lost.		r wry encounterment	0 0 *****		+48+0000+ \$+0000 00 8+w4 + 800804 + 81+9000+** 01 8w4 00 01 ** 181 08 ****
	11					
OTHER SIG	NIFICANT CONDITIONS					
DISEASE O	DEATH BUT NOT RE		10			
19A. DATE	VA/AC P	ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
Nene Nene	11 M3 F		Annual Park	Ne		
U 21A. ACCID	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct location)
	ify medical examiner)	etc				
Q 21D, TIME	(Month) (Doy) (Yes	or) (Hour) 21E	E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY			hile At Not While			
			ork			
22. I certi	fy that (I) (this hospi	ral) ottended t		July 24	19 64 to Ap	ril 9 1965
that (I) (w	e) lost sow the decea	sed olive on	April 5	19.65 ond	that in (my) (our) op	inion deoth occurred on the do
and hour o	and from the couses s	toted obove. (	(1) (We) (did) (did-not) v	iew the body ofter deot	h.	
23A. SIGNA	TURE	,				23 B. DATE SIGNED
	1 mal 07	T One	M.D. Atte	Med. Director	Stoff	Ammil 6 7665
23 C. PHYSIC	IANS /	, , , ,	1/	23D. ADDRESS	Phys.	April 9,1965
NAME	(Тур)		1		ton Stm. Relt.	imere 31, Ma,
		Drengs				
AA. BURIAL CI	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY of CRE		LOCATION	
Buria	- 1	/65 Ho	ly Rosary Co	emetery A	Baltimore	Co. Md.
	D BY HEALTH DEPT.		OF REGISTRAR		ber & Sons	
APR 12	1985 A A	+ C Tal	O. M.t.	401 5	Chester S	
	LILL MAN	P. K. VILLA	Extract to the same of the sam	107 00	CITOCOT O	Y .



FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital an	or his assistant if death occurred in a hospital an
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	Also, if the direct or contributing cause of deat
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	e of any kind; (4) Undetermined cause; (5) Decease
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	nounced death was in regular attendance on th
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	attendance on the deceased prior to death. Suc
written approval must be obtained before the remains are embalmed or final disposition is made.	med or final disposition is made.

HETH NO. 65 385		HEALTH DEPARTMENT	
RIRTH NO.	CERTIFICA	TE OF DEATH R	egistered No.
NAME OF DECEASED Type of Print) BUHRMAN, Elsie	E.	2, DATE AND HO	
B. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (Where deci	9:08 p.
FULL NAME OF (If not in hospitol or HOSPITAL OR oddigss or locotion) INSTITUTION	institution, give street	Maryland Maryland	ity limits, write RURAL and give township)
St. Agnes Ho	espital	The state of the s	give location)
	R of a high second	10 Granada Road	
Female 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AG lost bi	E (In years If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA. USUAL OCCUPATION (Give kind of work to one during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	unitry) 12. CITIZEN OF WHAT COUNTRY?
		MD	
Housewife 3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.
Robt. Holye	23	Eliz You	-67
6. Was Deceased Ever in U. S. Armed Force es,no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		St. Agnes Hospital	Records Balto, 29, Md
18. 420,11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	CTLY	01	1
LEADING TO DEATH	(A) C	young Occial	usini Hrs.
(This daes not mean the made of d heart failure, asthenia, etc. It means th	ying, e.g., DUE TO	A 2. m.	416
injury or complication which caused d	eath.)	19 1	- 18
ANTECEDENT CAUSES	(B) /-/ x 6	depreums 11.	<b>L</b>
DISEASES OR CONDITIONS, if an	v. giving		
lise to the above cause (A) s			
UNDERLYING CONDITION iosi.		ije	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.		att has an	
19A. DATE OF OPERATION WAS PERFO		20 A. AUTOPSY? (Yes or No) 20 B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, af etc.)	nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY C	OCCUR?
OF INJURY (APPROX.)	While At Not While		
	Work At Work		
22. I certify that (I) (this hospital)	attended the deceased from 8:4	5pm 4_8 1965	to196
			(my) (our) apinion death occurred on the
and hour and from the causes stated			
23A, SIGNATURA	The contract of the contract o	The body offer deoits.	23B. DATE SIGNED
1 11	Hall M.D. Atte	ending Med. Stoff	d Walla
A charel	XXXX Phy	s. Director Phys.	× 17/8/65
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	
Richard	Kelly Md M.D.		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATI	ON (City, town, or county) (Sto
REMOVAL (Specify)	- 1 1. DV	6	4 70 MD
15 cered 4-13-60	to udon the	am. Dals	0 27
SA. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 12 1985 (20 A	& Fr. Dunas	Mc Carlly Free	und Home 2370 a. and
/S 150-REV. 1/1/65	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	2.74



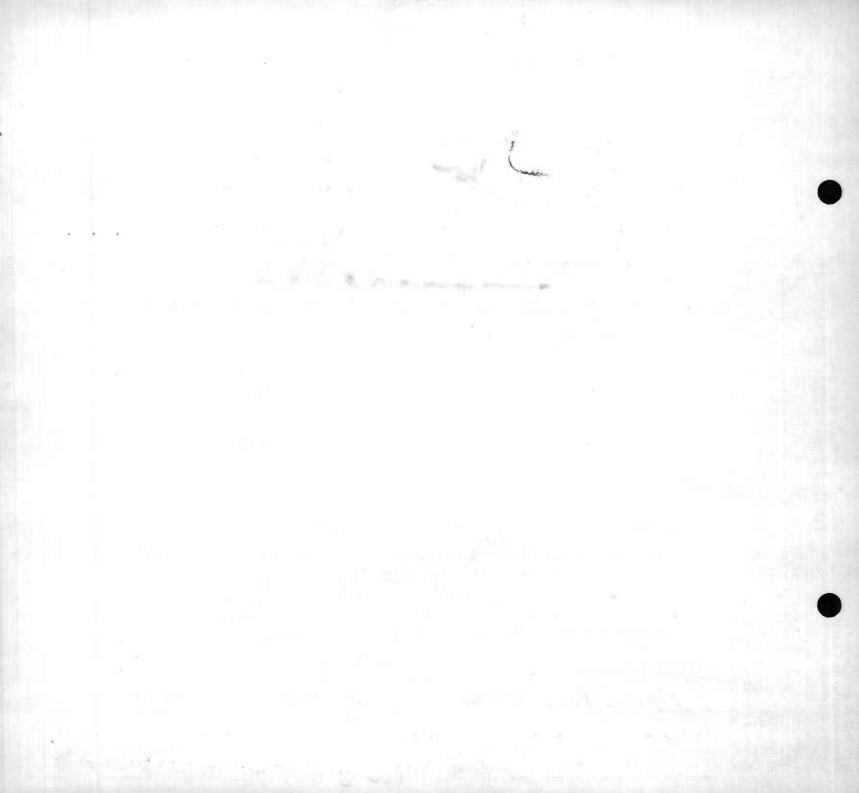
IMPORTANT

DIRECTOR:

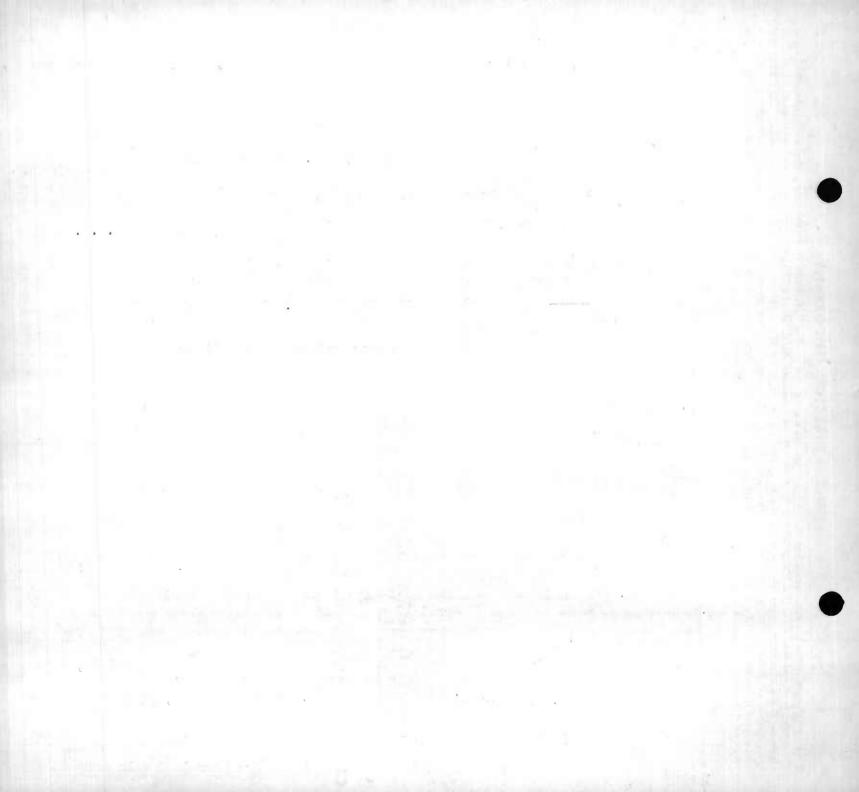
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VS 150-REV. 1/1/65

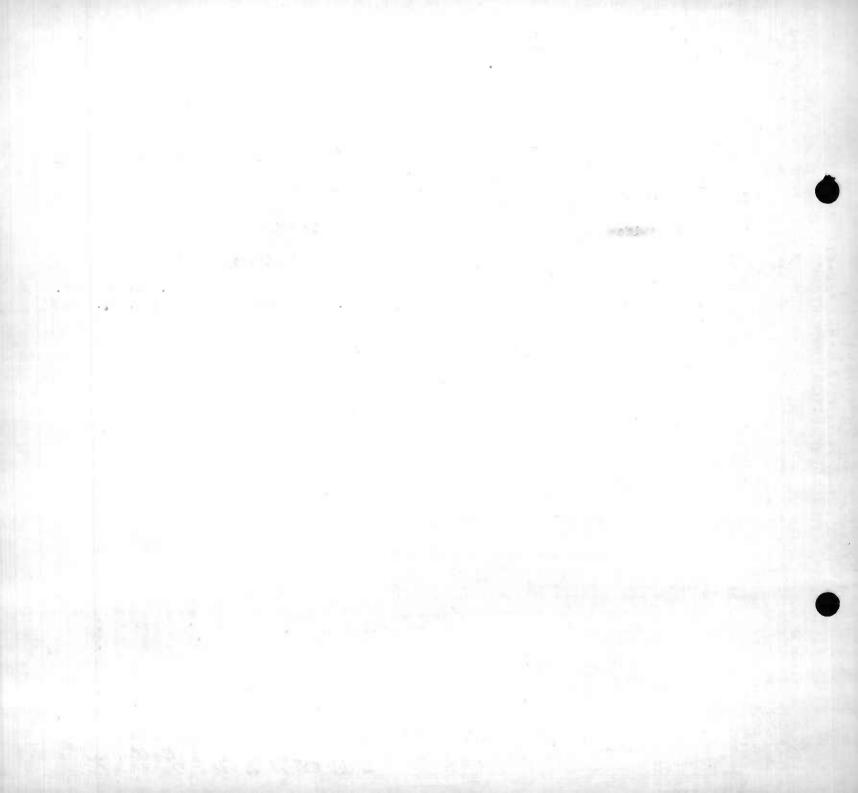


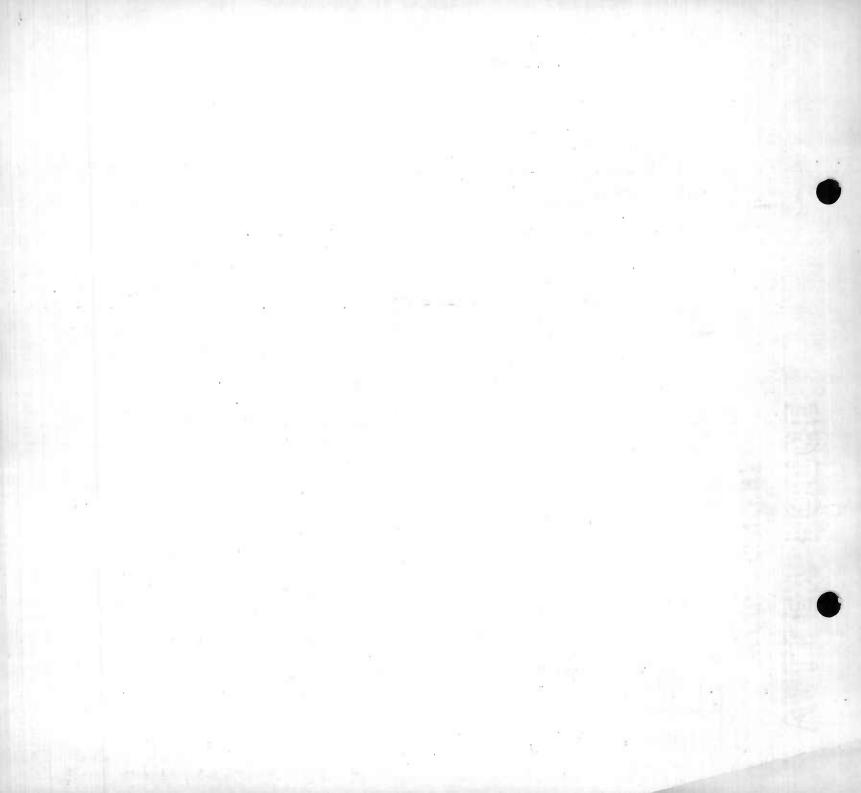
			BALTIMORE CITY	HEALTH DEPART	MENI		65 3860
MIRTH NO.	65 386	0	CERTIFICA	TE OF DEA		Registered Na.	
Type or Print)	EASED			2.	DATE A	ND HOUR OF DEATH	
, po o	DiPete, Pet	erJose	oh		Apri	1 10, 1965	12:00 noon M.
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	B. COUL	ere deceased lived. If i	institution: residence before admission)
FULL NAME (	OF (If not in hospital and oddress or location		give street	Maryland		utside city limits, write	RURAL and give township)
INSTITUTION				Baltimo			
Sta	Joseph Hospit	.01		D. STREET ADDRES		rural, give lacation)	
	copobii morbic	al		115 8.	Chest	er Street	
. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	711000	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male	What has		D, DIVORCED (specify)	37- 00 34	0.50	lost birthdoy)	Months Doys Hours Min.
	White	Wido	WOT F BUSINESS OR INDUSTRY	May 29, 18	ote or for	ian country)	12, CITIZEN OF
one during most of	working life, even if retired)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ng. coom,,,	WHAT COUNTRY?
Insur	ance Retired	Life 1	Insurance	Italy			U.S.A.
FATHER'S NA	ME			14. MOTHER'S MA	IDEN NA	ME	
Sac	ina DiPete			Felicie	Unl	-	
. Was Decease	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	0113	<i>y</i> -	ADDRESS
es, no or unknow	n) (If yes, give wor or date	s of service)	SECURITY NO.				
No			212 01 8119	Benjamin J	J. Dil	Pete 5013 R	emmell Avenue
1B. / d.	5 OI		CAUSE O	F DEATH			ONSET AND DEATH
rise la III	OR CONDITIONS, if the above cause (A) G CONDITION lost.	slating the	(C)		===094004==400		
TO THE D	CONDITION CAUSING I	TED TO TH	HE	20A. AUTOPSY?	(V b)	A 200 IF MEC MEDE	ENDINGS CONSIDERED
HA.DATE O	F OPERATION 198. CON		WHICH OPERATION	Yes	res dr IN	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examinar		B. PLACE OF INJURY (e.g., in me, form, foctory, street, of ;.)			IIf in Boltimo	re City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21F. HOW	DID IN	JURY OCCUR?	
OF INJURY			hile At Not Whil	• 🗖			
			ork At Work			0.5	13.30
			the deceased from				
that (I) (we	) last saw the decease	d alive an	April 10	19.65	ond tl	nat in (my) (aur) op	inian death occurred an the dat
and haur on	d from the causes stat	ed abave.	(I) (We) (dId) (did nat) v	lew the bady afte	r death.		
23A. SIGNAT	JRE .	1 /	1. ,				23B. DATE SIGNED
	MBALOW	1,41		ending Med	<u> </u>	Stoff Phys.	Anni 1 10 1005
23 C. PHYSICIA			Phy	23D. ADDRESS			April 10, 1965
	William B.	VandeGr	ift M.D.	1400 N.	Caro.	line Street	21213
A. BURIAL CRI	MATION, 24B, DATE		AME of CEMETERY of CRI				City, town, or county)     State)
Buria		1965 Ne		emetery	O	d Frederic	Road Md
A DI	19 1005	D P A	T. O.				O F Tamband C4
AP	1 TO 1200 (5)	Gert E	CTOBLEWANN 1	the fur	Der	TO MELS TO	00 E Lombard St
VS 150-REV. 1/1/	65	1	42	- 0	0	-0.	

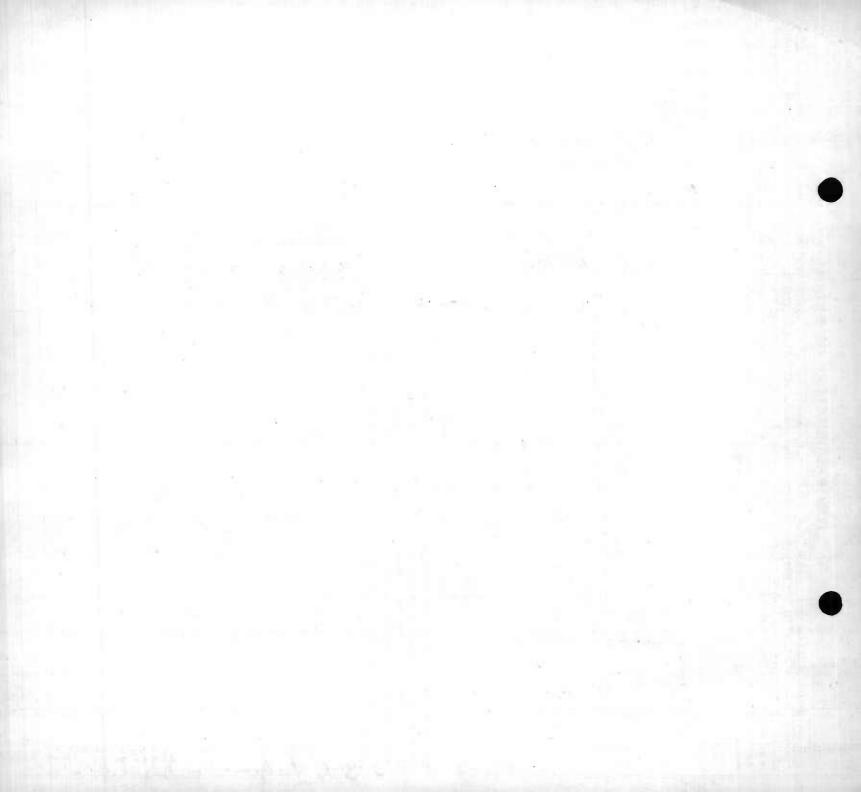


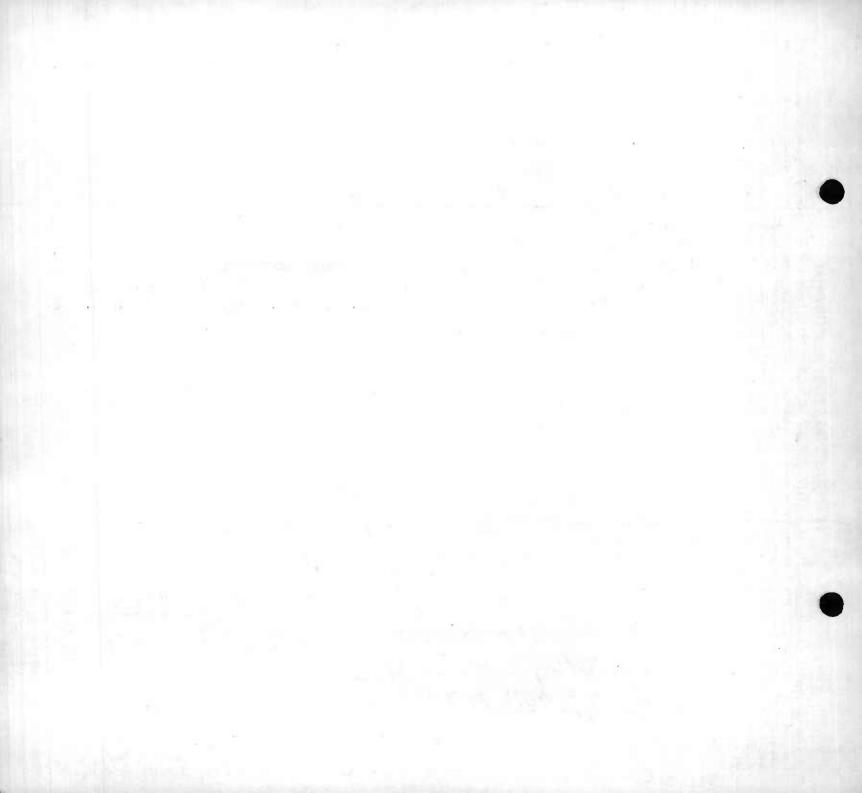
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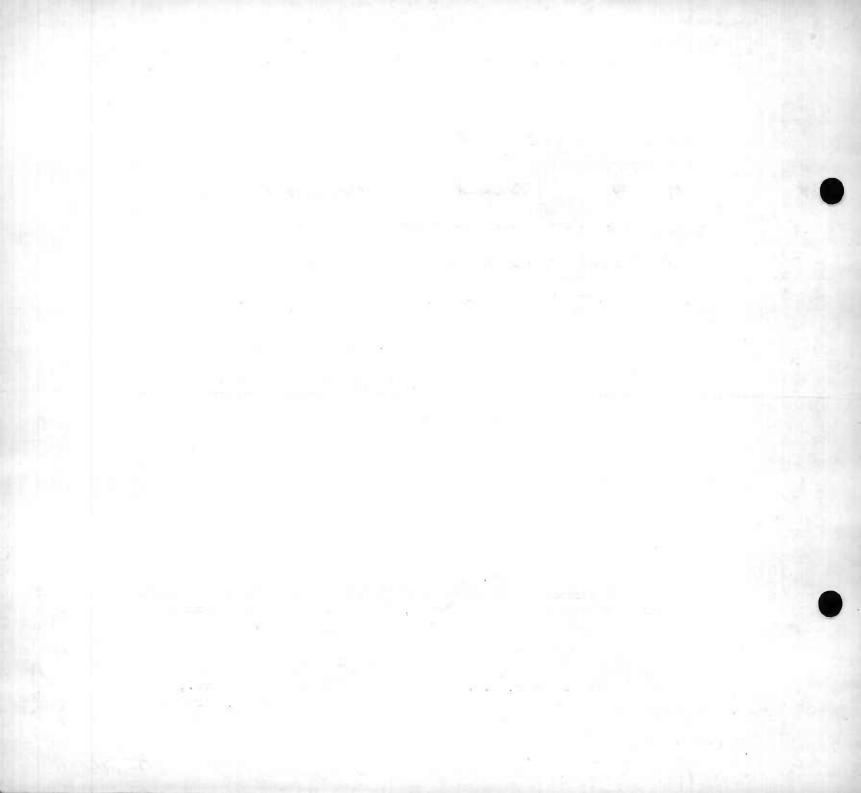
Section 1. Markow 1 Age Later Grand and St.

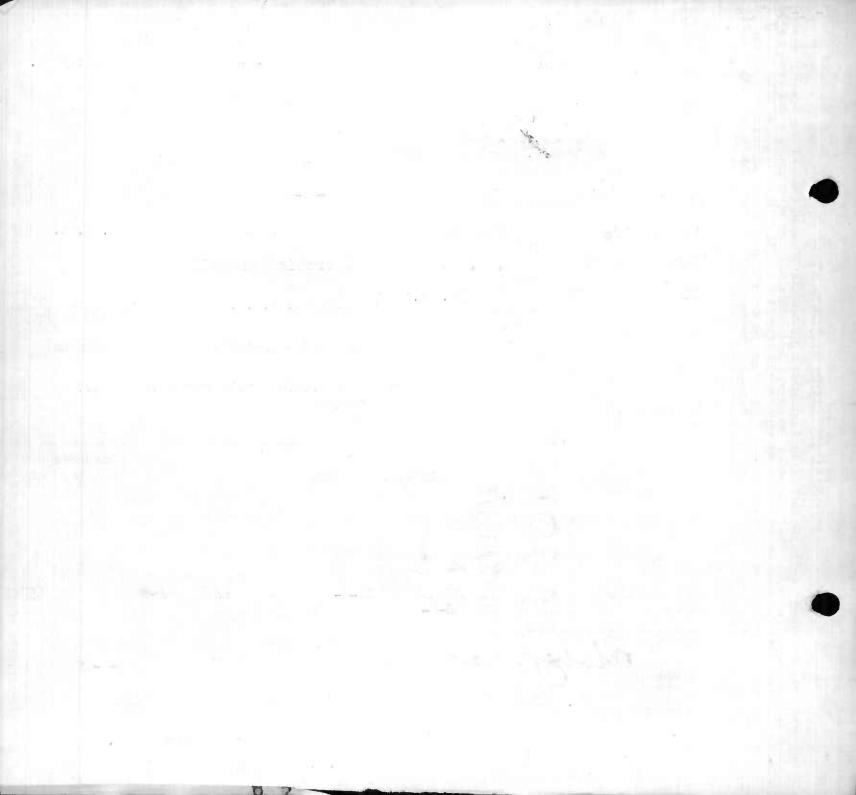




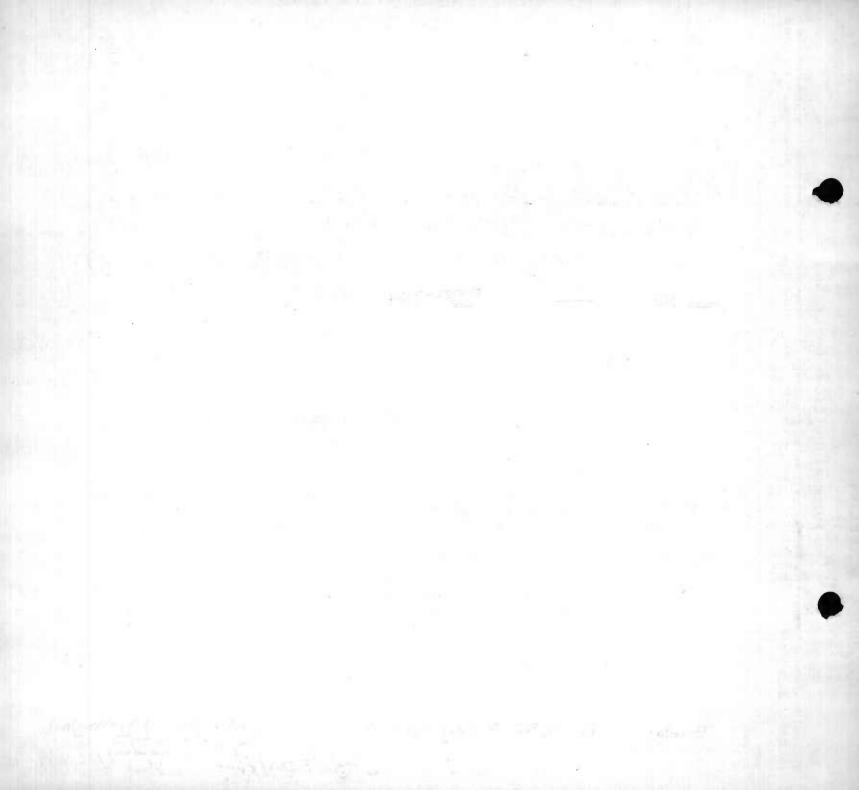


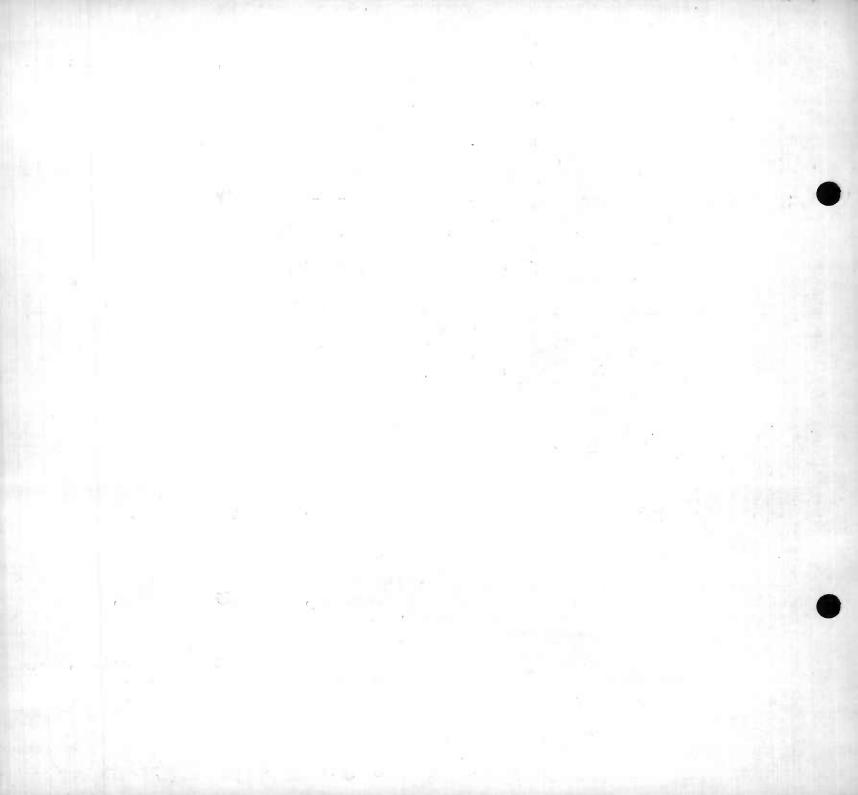






0.0100	TITY HEALTH DEPARTMENT 65 3870
BIRTH NO. 65 3870 CERTIFIC	CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) LLOYD NICHCLAS RICHARDSON	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	BEL AIR
INION MEMORIAL HOSP	PO BOX 351 BEL AIR
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11 Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
PHARMACIST PHARMACY	MARYLAND USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN S. RICHARDSON, JR.  15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	
	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	at man 1: 14/2 did 20 5
(This does not mean the mode of dying, e.g., DUE TO	and My archal march of 50 mm
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1. Soler, Rand. base disper 5 + years
ANTECEDENT CAUSES  (B) // L	1,000, cay, cay, vest, assesses of factor
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	Id Infanction 1961
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6	.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact tocotion)
OR CONTRIBUTING CAUSE OF hame, form, foctory, stree elc.)	y vince diagry material occurs.
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) Work At W	
22. I certify that (W(this hospital) attended the deceased fram.	3-21 19 65 10 4 - 9 19 65.
ond hour and from the couses stated above. (1) (We) (did) (did no	ond that in (my) (our) opinion death occurred on the date
23A. SIGNATURE	23B, DATE SIGNED
RC/hompson M.D.	Attending Med. Stoff Phys. Director Phys. 9-65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A	A.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of BUTOR ST. MARY'S EPISC	I to the contract of
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR July Bood WAY ADDRESS
APR 12 1965 R.O. A E 9. Februar 0 1	Tosteos Turkent fome wellings of Dig Him M
VS 150-REV. 1/1/65	Joseph William Fosler





	BALTIMORE CITY HEALTH DEPARTMENT  C5 2000 BALTIMORE CITY HEALTH DEPARTMENT  C5 2000 BALTIMORE CITY HEALTH DEPARTMENT  C5 2000 BALTIMORE CITY HEALTH DEPARTMENT
n -C	CERTIFICATE OF DEATH
11.	LE CASE NO.  NAME OF DECEASED  POPE OF PRINT  POPE
	DOUGH HENTIAN LOGICIOL 4100
•	PLACE OF DEATH IN BALTIMORY MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street oddress or location)  Output  Out
	HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimate
	Union Memorial Hospital D. STREET ADDRESS (If rural, give location)
	47 45 Ivanhoe Avenue
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	M NegRO MARRIED 11-14-42 22 years
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	FloBist FloRAL Shop Maryland. Homerican
1;	FATHER'S NAME
	KOBERT LEE BERRY densa Whye
(Y	. Wos Deceased Ever in U. S. Armed Forces?  es, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT
	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 319-42-1201 & JK, H. Anandanh. Union Negrobal Holps
•	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)  ANTECEDENT CAUSES  (A) Diffuse primary lever 3 29.65  DUE TO CHILL PRIMARY LEVER 3 29.65  DUE TO DUE TO PURITY AND 4.10.65
	(This daes not mean the made of dying, e.g., DUE TO
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  Cell careavore a win 4 10 65
	ANTECEDENT CAUSES (B) DUE TO Aucto A Osto from front 24
	DISEASES OR CONDITIONS, it only, giving
	rise to the above cause (A) stating the (C)
-	other significant conditions contributing to the disease or condition causing it.
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
100	2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (e.g., in or obot) 21C. WHERE DID ((II in 8d) inforce City, give exect locotion)
	OR CONTRIBUTING CAUSE OF
14.0	( DEATH (notify medical examine) etc.)
200	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  While At Not While
	(APPROX.)  White At Work  Not White At Work
	22. I certify that (1) (this hospital) attended the deceased from 3 - 29 to 1965 to 4 . 10 - 1965,
	that (1) (we) last saw the deceased alive an 4 · 10 19 65 and that in(my) (aur) apinion death accurred on the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE  23B. DATE SIGNED
	K-M. Anandarah. M.D. Attending Med. Stoff Phys. Phys. B 4.10.65.
	23C. PHYSICIAN'S K. M. ANANDA LAH DA LAH M.D. 23D. ADDRESS Union Memorial Hospital Baltimuse 18
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote)
	BuriAL 4-14-65 STLLUKE M. E. Church Com. Reis Tor Town Md.
2	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR MUS-5496 ADDRESS
	ADD 19 1005 AD A TO TO TO TO TOO DUFTE 916 PENNA AVE.
7	150 kFV 171/65 JUNE 1 C. WAR I C.

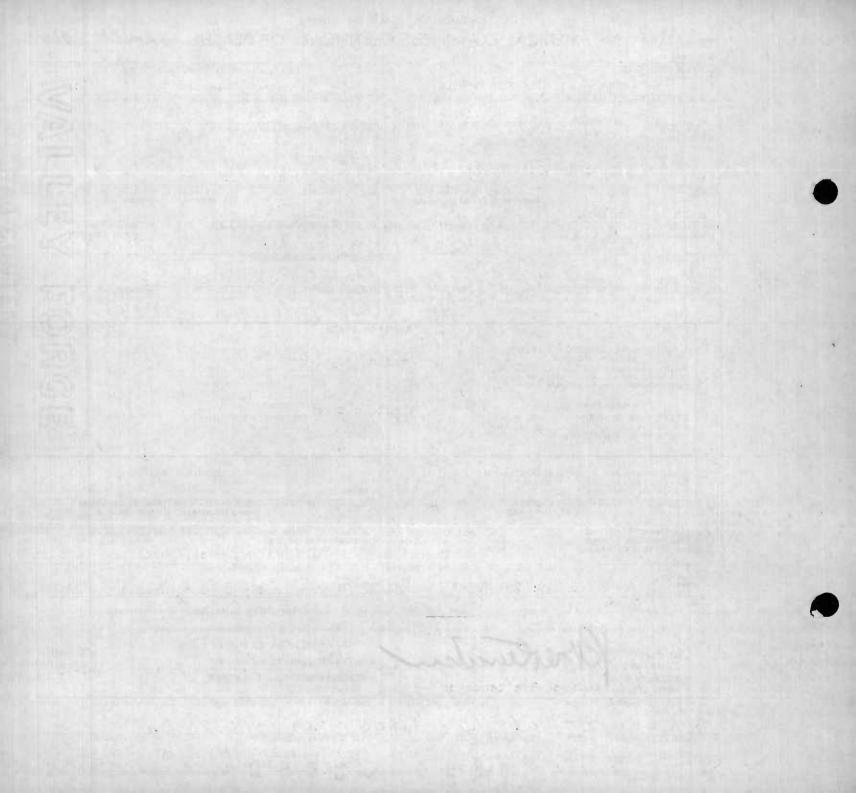
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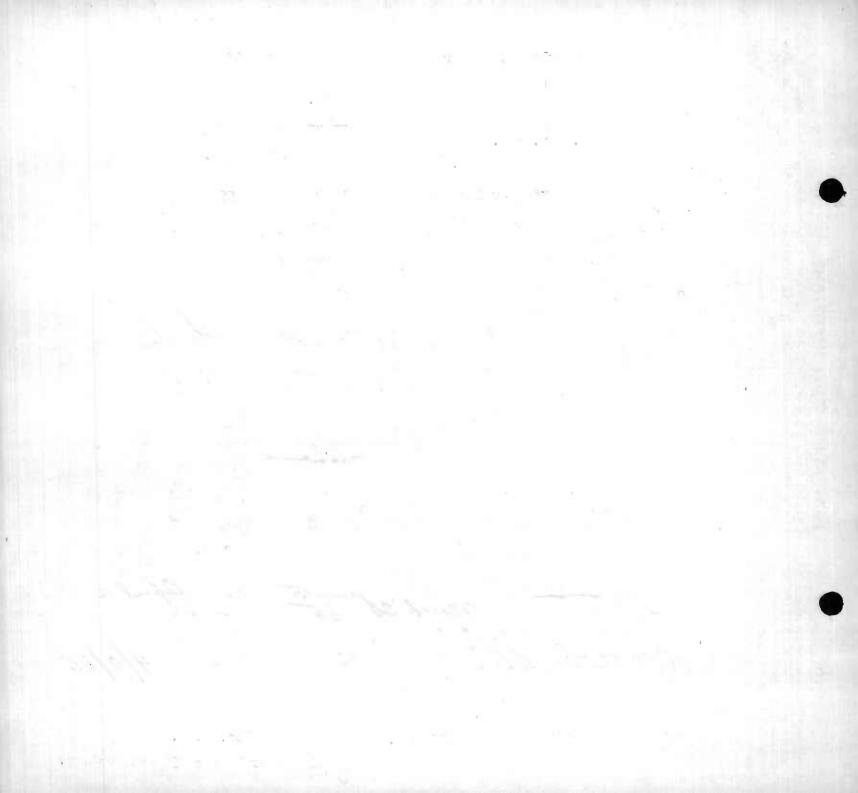
## 3877 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered No. 65 3873

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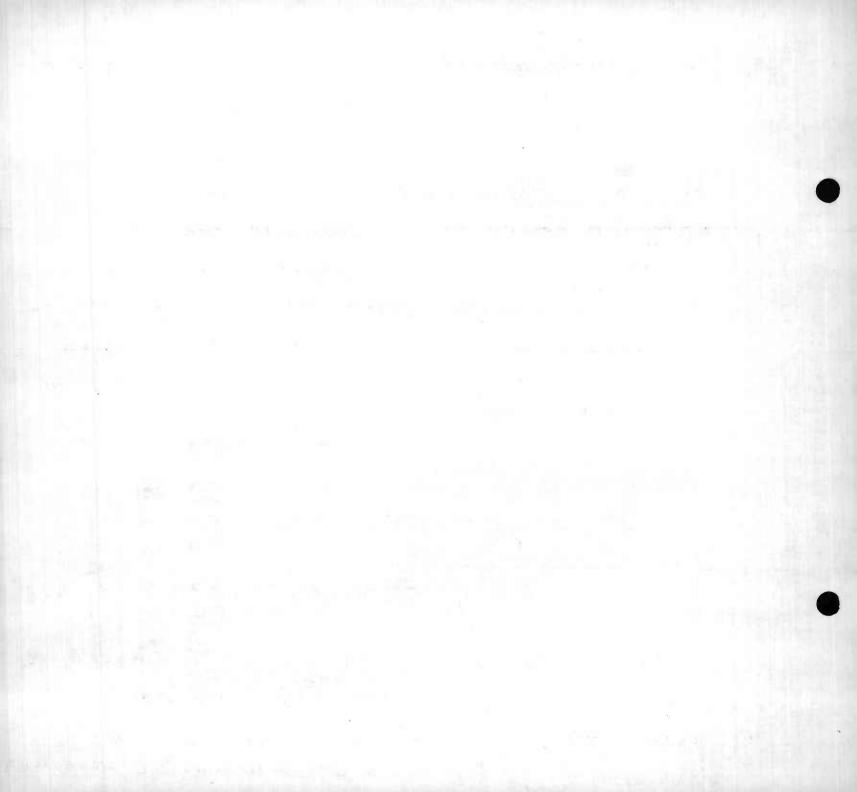
	ECEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD
pe or Print)		CHARLES	NORMAN	Apri	1 6, 1965	12:50 p <sub>N</sub>
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived. If institu B. COUN	ution: residence before admissio
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION			c. city or town (If outside Baltimor	1 3	RURAL and give township)	
Р	rovident Hosp	ital		D. STREET ADDRESS (If rurol,	Total Control of the	
				1108 Federal		
ale	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH ? 1952	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months, Doys, Hours, Min.
USUAL OC		rk TOB. KIND OF		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
ST (	ident	Stu	ident	Balto. Md.		USA
John DECEA	ZRVIN SED EVER IN U.S. ARME	ARB	16. SOCIAL	MAE BELL	MAKIN	ADDRESS
	vn) (If yes, give wor or dot		SECURITY NO.			1108 FEDERAL
ZVO B. —	0 1// 0		CALLS	OF DEATH	MAKINS "	INTERVAL BETWEEN
injury or c	s not meon the mode o re, osthenio, etc. It meon complication which coused	deoth.)				
RISE TO 1 UNDERLY	ANTECENDENT CAUS S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST.	ANY, GIVING	(C)	rocution		
OTHER SI TO THE DISEASE	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S TING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN	ANY, GIVING STATING THE S CONTRIBUTING ELATED TO THE	(C)	rocution		
OTHER SI TO THE DISEASE	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) STING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN.  DEFORMATION [198, CONDITIONS]	ANY, GIVING STATING THE  CONTRIBUTING ELATED TO THE G IT.  NOTION FOR V RFORMED	(C)G	20A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUSE	ES OF DEATH?
OTHER SITO THE DISEASE PA. DATE CO	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) STING CONDITION LAST.  II  GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN.  DEFORMATION [198, CONDITIONS]	ANY, GIVING STATING THE STATING THE STATING THE STATING TO THE STATING TO THE STATING THE	OUE TO  (C)  IG HE VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (Yes or No)  10  in or obout 21C, WHERE DID (ffice bldg, INJURY OCCUR?	f in Boltimore City, give	e exoct locotion)
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	NO.	60	3874	CERTIFICA	TE OF DEAT	TH Registered Na.	
I.NA	ME OF DECE		les A	Snyder	2. DA	1 AND HOUR OF DEATH	
. PL	ACE OF DEA	TH IN BALTIMORE, MA		City Go1	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admissia
H	ULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital address or localic	n)		Md.  C. CITY OR TOWN  BOLLE G:  D. STREET ADDRESS	AA (If outside city limits, write reen Haven (If rurol, give location) erine Ave.	RURAL and give township)
. SE	х	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Doys Hours Min.
	M	W	Ma	rried	9/19/09	55	
		PATION Give kind of working life, even if retired)	k 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Optic:	ian	Self		Maryland		
3. F/	ATHER'S NAM				14. MOTHER'S MAIDE		,
	]	Frank Snyder			Mary St	ickels	
5. W Yes.	as Deceased	Ever in U. S. Armed Fa	rces? es of servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				Family		Same
AEDICAL CEKIFICATION	hearl failure, injury ar cam  A DISEASES Of the line o		s the disea dideath.)  any, giving stating  CONTRIBUTATED TO IT.  NOTION FORMED  (Hour)	(B) DUE TO	21F. HOW D	DID (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
- 1	(APPROX.)			Wark At Wark	47		21 .0
					Marie 1-5	1950 to C	
2	that (I) (we)	from the causes store  RE  M. M. Length	ed alive a	M.D. Atte	19 5 I I I I I I I I I I I I I I I I I I	and that In(my) (our) apleath.	olnian death accurred on the course of the c
2	that (I) (we) and haur and BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU BAA. SIGNATU	from the causes store  RE  M. M. Leccy  N'S  (pe)	ed alive a	M.D. Atte	lew the bady after d	and that In(my) (our) apleath.  Stoff Phys.	23B. DATE SIGNED 4/9/6.5
2	that (I) (we) and haur and BAA. SIGNATU  BURIAL CREA REMOVAL (S	from the causes stored from the causes from the cause from the caus	ed alive a	M.D. Atte	lew the bady after d	and that In(my) (oer) apleath.  Stoff Phys.   24D. LOCATION (0	238, DATE SIGNED  4/9/4,5  City, town, or county) (State
2 2 2 4A.	chat (I) (we) and haur and cas. SIGNATU  23C. PHYSICIA NAME (T)  BURIAL CREF REMOVAL (S)  Burial	from the causes stored from the causes from the cause from the caus	ed alive a pred above	M.D. Atte	lew the bady after d	Stoff Phys.   240. Location  Balto. 25, d.	23B. DATE SIGNED 4/9/6.5



3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	on: residence be
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN III outside city limits, write RURAN	and give town
0	ESPLANABE APTS	D. STREET ADDRESS (If rural, give location)	
	2525 EUTAW PL	ESPLANABE APTS  ED B. DATE OF BIRTH 9. AGE (In years If U	
5. \$	6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (s)  WEYELZ MARR  OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR 1	specify)   lost birthday)   Man	Inder 1 Yr. If
don	N. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR I to during most of working life, even if retired)  WERCHANDISE BROKER FATHERS NAME	BALTIMORE Md	CITIZEN OF WHAT COUN
13.			
15.	Jorgan S.  Was Deceased Ever in U. S. Armed Forces?  s.no or unknown) (If yes, give wor or doles of service)   SECURITY N	17. INFORMANT	ADDRESS
(163	SECURITY N	9868 MRS LEGN LETT. 2525 CAUSE OF DEATH	FULAV
		CAUSE OF DEATH	INTERVAL ONSET AN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SENILITY	
	(This daes not mean the made at dying, e.g., DU heart failure, asthenia, etc. It means the disease,	JE TO	Type
		YABETES MELLITUS	3 70
	ANTECEDENT CAUSES  DU  DISEASES OR CONDITIONS, if ony, giving	JABETES MELLITUS DYELO-Nophriti	3 70
	rise la the above cause (A) stating the (C) UNDERLYING CONDITION last.	Myelo-Nephriti	3 7-
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATI	10N 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES (	IGS CONSIDE OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	URY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, street, office bldg., INJURY OCCUR?	give exact lo
-	OF INTHION	JRRED 21F. HOW DID INJURY OCCUR?	35.2
	Weik _	AT WORK	0
	22. I certify that (I) (this hospital) ottended the deceased frethot (I) (we) lost saw the deceased olive on	19 6/ 10 CF	lanch
	ond hour and from the couses stoted obove. (1) (We) (did) (d		agun occurr
	23A. SIGNATURE	238.	DATE SIGNED
	TWA 2, Troops	M.D. Attending Med. Stoff Phys.	spril ;
	ERWINE. MAYER	M.D. THE ESPLANADE AP	CA
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE		rn, or county)
24A			
	3URIAL 4-9-65 OHEB SA A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	4ALOM BALTIMORE	MI



65 3876

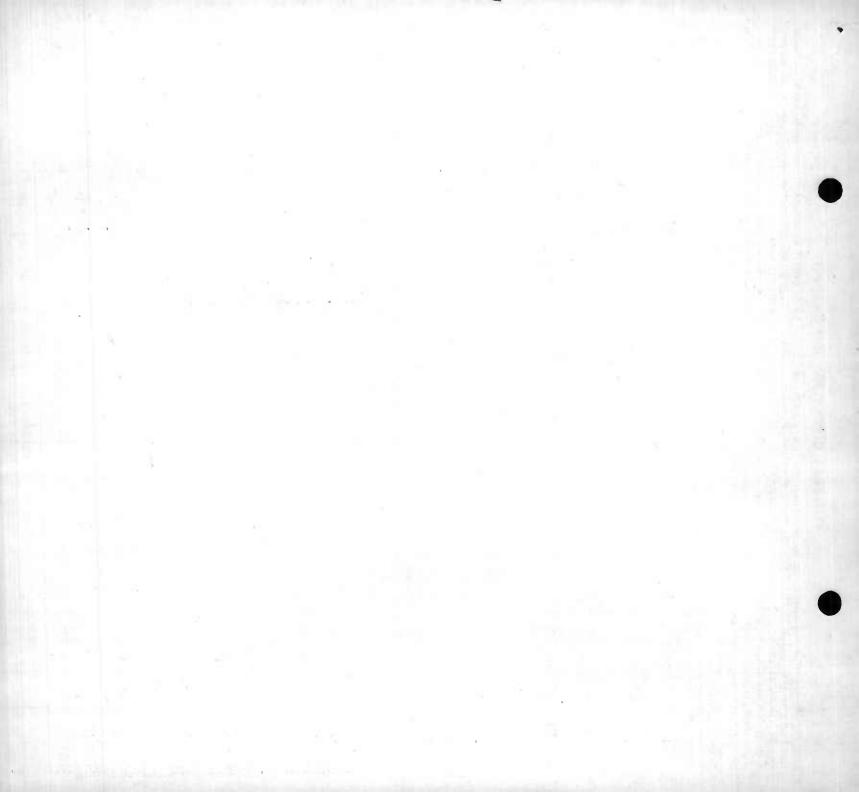
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BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICATE	OF D	EATH Registe	red No	0 3070
M.E. CASE NO.	CFASED			12 n	ATE AND	HOUR PRONOUNC	ED DEAD	
(Type ar Print)			ACADACTAT T	2. 0	AIL AND			
3. PLACE IN BAL	TIMORE, MARYLAND, W		MARKELL	A. STATE		4/8/65 deceosed lived. If inst B. COL	litutian: res	1 9:00 p. M. idence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN	(If autside	carparate limits, write	RURAL	and give township)
				D. STREET ADDRESS		give lacation)	0	
	Union Memo	orial_Ho	spital	103 W.	39t	h St.	-02	
female	6. RACE	7. MARRIED, WIDO WED, I	NEVER MARRIED DIVORCED (specify) DWED	Sept. 19,		9. AGE (In years last birthdoy)		Pr 1 Yr. If Under 24 Hrs. Doys Haurs Min.
	UPATION (Give kind of wor						12. CITIZ	ZEN OF
	working life, even if retired)	Home		Baltimore	, Ma			AT COUNTRY?
	rge S. Harl		,	Ellen McI	ntyr	e		
	ED EVER IN U.S. ARMEI		SECURITY NO.	17. INFORMANT			ADDRES	
No				Mr. Oscar	. M.	Lemoine 4	1239	Wickford R
1B.	1.0		CAUS	E OF DEATH				INTERVAL BETWEEN
DISEASES RISE TO THUNDERLYI  OTHER SIG	not mean the made at a country, astheria, etc. It mean mplicotion which coused ANTECENDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) SING CONDITION LAST.  II  INIFICANT CONDITIONS IS DEATH BUT NOT RESTREE TO THE CONDITION CAUSING CAU	es the disease, death.)  ES  ANY, GIVING TATING THE  CONTRIBUTING THE						
19A. DATE OF	F OPERATION 198. CON WAS PER	NDITION FOR V	VHICH OPERATION	yes	s ar Na)	OB. IF YES, WERE FI	NDINGS (	CON SIDERED EATH?
UNDERLYING UTING CAL	OR CONTRIB-	21 B. I hame, etc.)	PLACE OF INJURY (e.g., form, factory, street,	office bldg. INJURY OC	E DID (	f in Baltimore City, gi	ve exact l	location)
21 D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Yea		HILE AT NOT	WHILE WORK	DID INJU	RY OCCUR?		
22. I cer	tify that I held an	Inquiry 🗌	Inspection A	stopsy x and the	ot on this	s bosis, deoth in r	ny opinio	on
resu	Ited from: Natural ca	uses X A	coldent Suici			ndetermined monn		
				CHIEF MEDIC		passag		
ACTUA SIGNAT		11.6	M.C	ASSISTANT MEDIC	CAL EX	AMINER -		DATE SIGNED
EXAMIN NAME (		Spitz.	M.D.	ASSOCIATE MEDI	CAL EX	AMINERX		4/9/65
23A. BURIAL CRE			C. NAME of CEMETERY	or CREMATORY	23D. LC	CATION (City,	, town, or	county) (State)
REMOVAL (Specif Buria)		65	Mt. Olive	,	Fre	derick, M	larvi	and
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL D	IRECTOR	chell & S		ADDRESS
APR 12	1965 (2.0.)	R. F. F.	Case Da -			Place Bal		
VS 151-REV. 1/1/	/65	1	9,5	J J 0	6.			V

Free or South Stand on the then Life to be in the call the base of the Labour Contract of Contract of Street 

5-	ospital and Ne of death S) Deceased nce on the eath. Such
•	or contributing causs or contributing causs (findetermined cause; (findetermined cause) as in regular attendance deceased prior to dition is made.
IMPORTANT	or his assistant if d Also, if the direct re of any kind; (4) U nounced death wa attendance on the Imed or final dispos
FUNERAL DIRECTOR: IMPORTANT	spiral by a medical examiner. ure; (2) Body burns; (3) A fractu where the physician who pro;) No physician was in regular ed before the remains are emba
•	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	Y HEALTH DEPARTMENT	X	05 2077
BIRTH NO.	65 3877	CERTIFICA	TE OF DEATH	Registered Na	00 0077
M.E. CASE NO.	ASED		2, DATE AN	ID HOUR OF DEATH	, 30
Type or Print nn	(ANNA)	C. Stewar	+ 4-	9- 65	1 4 30 0 1
PLACE OF DEAT	H IN ALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased fived. If ins	titution: residence before admission
			Marchand B. COUN	Heav for el	0
HOSPITAL OR	(II not in hospital or instit address or location)	ution, give street	C. CITY OR TOWN (II out		
INSTITUTION	, A second	Hamadal.	Fallston	interest and the second	60-00
Unition	- humatiol	Hospital		rural, give location)	0
CC CCCVI	5.69		P+ + 1 H	entoral Koo	201.
s SEX	RACE 7. MA	RRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
F		DOWED. DIVORCED (specify)	11-29-83	lost birthday)	Months Days Hours Min.
		i donnel ND OF BUSINESS OR INDUSTRY		ion country)	112. CITIZEN OF
	orking lile, even il retired)			ign country,	WHAT, COUNTRY?
House			New YORK		U.S.A.
3. FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	
FRANK	Michon	Y	Mary Bs	26.22	
5. Was Deceased E	ver in U. S. Anned Farces?	1.6. SOCIAL	17. INFORMANT()	C. C.	ADDRESS
fes, na ar unknawn)	II yes, give war or dotes of se	security No.		N /	
	Latina and D		Mrs. Helen 1	nacaulay	same
18. 434	/ / I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY	00	0 10.		0-
9 (25)	EADING TO DEATH	(A) 13C	mal effect	かかん	- acces
	I mean the made of dying, sthenia, etc. II means the di		, //0		
injury or camp	lication which caused death.	Cha	astine Nos	ut failur	2 wecks.
A	NTECEDENT CAUSES	(B) DUE TO	che les		
	CONDITIONS, if any,				7
	above cause (A) stating	) lhe (C)		************	per a best metro a constant a co
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Z OTHER SIGNIFI	CANT CONDITIONS CONTRI	RUTING			
TO THE DE	ATH BUT NOT RELATED TO				
U 19A, DATE OF		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
ERTIFI	WAS PERFORME		NO	IN CERTIFYING CAU	SES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY le.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact lacation)
OR CONTRIBUT	ING CAUSE OF	home, larm, factory, street, a	office bldg., INJURY OCCUR?		THE PLANT OF
0			0.0		
OF INJURY	Month) (Day) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not Whi			
22. I certify t	hat (I) (this hospital) atter	ided the deceased fram	4-9- 65-	19ta C	1 = 9 19 65
	ast saw the deceased aliv	11 6	/		ian death accurred an the dat
-				as intinas, Tages, abin	ion death accorred an the adi
		ave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATUR		D	anding - Adad -	51:0	23B, DATE SIGNED
Kodu	ey 7. Du	intiall M.D. AH	ending Med. Director	Phy s.	4-9-45
23C. PHYSICIAN	rs ()		23D. ADDRESS		2
	odney L. Brim	hall M.D.	Chrison Mi	emorial	Hospital.
24A. BURIAL CREM	4	24C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cin	(stote)
REMOVAL (Sp		C. 0 1 1 C		V 4/ T.	Λ/- // /
Buria	1		mantery /	Vorth Troy,	New York
APR RECID	1985 DEPT.	AME OF REGISTRAR	25C. FUMERAL DIRECTOR		ADDKE22
111 11 41 10	INGO COCKERD C.	tarbey MA	Leonard J.	Ruck Inc	5305 Harford Ro
VE 150 BSV 1/1/45	TOOLU CI		Leonard J.	Kuck Ync	5305 Harford R

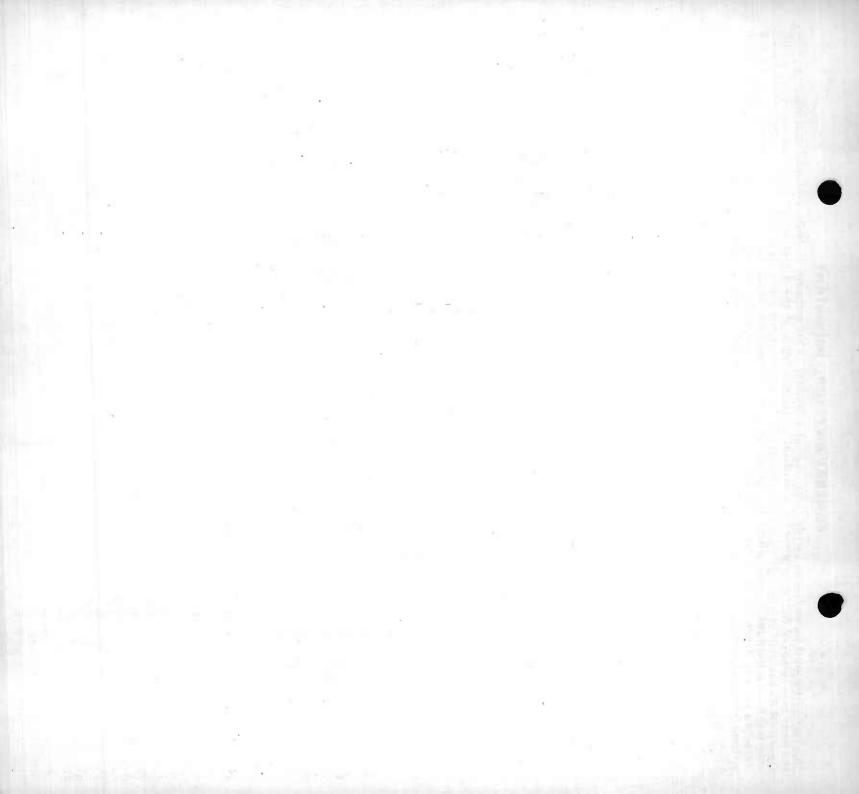


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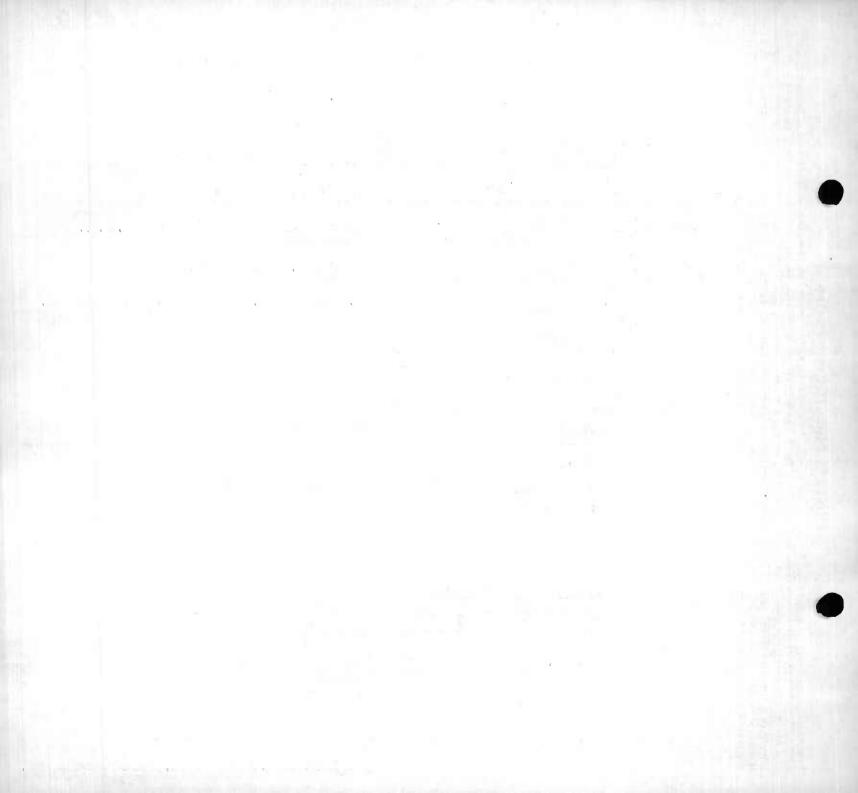
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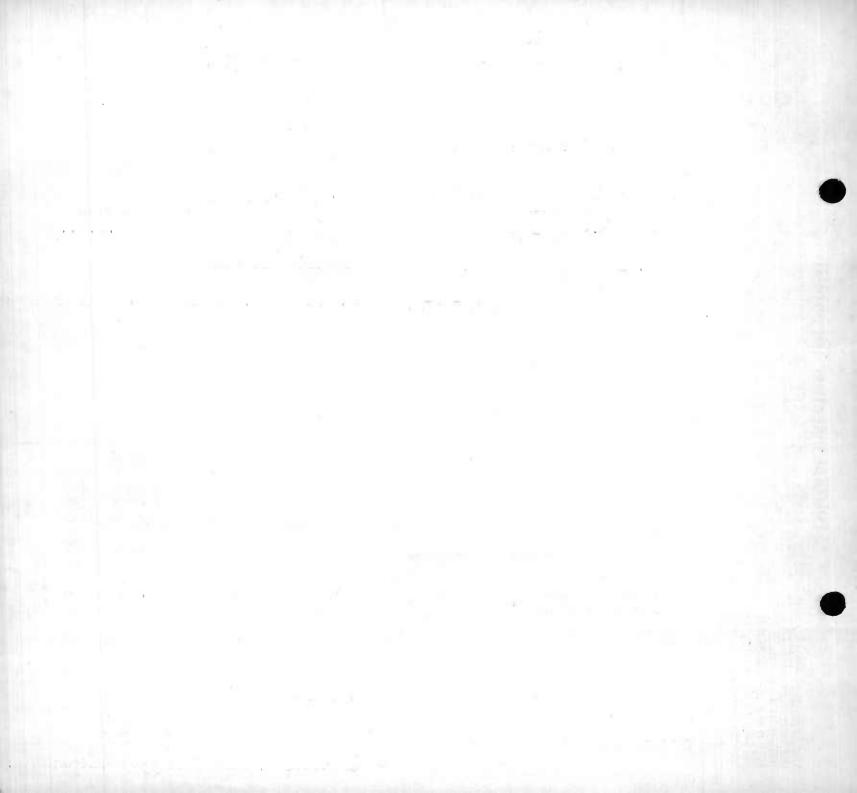


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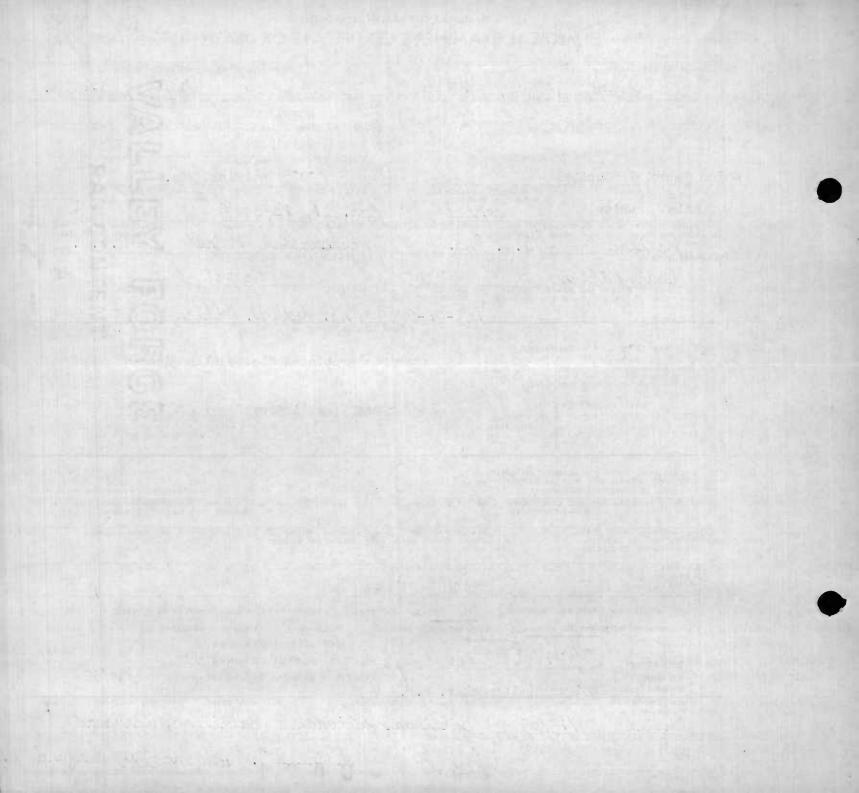
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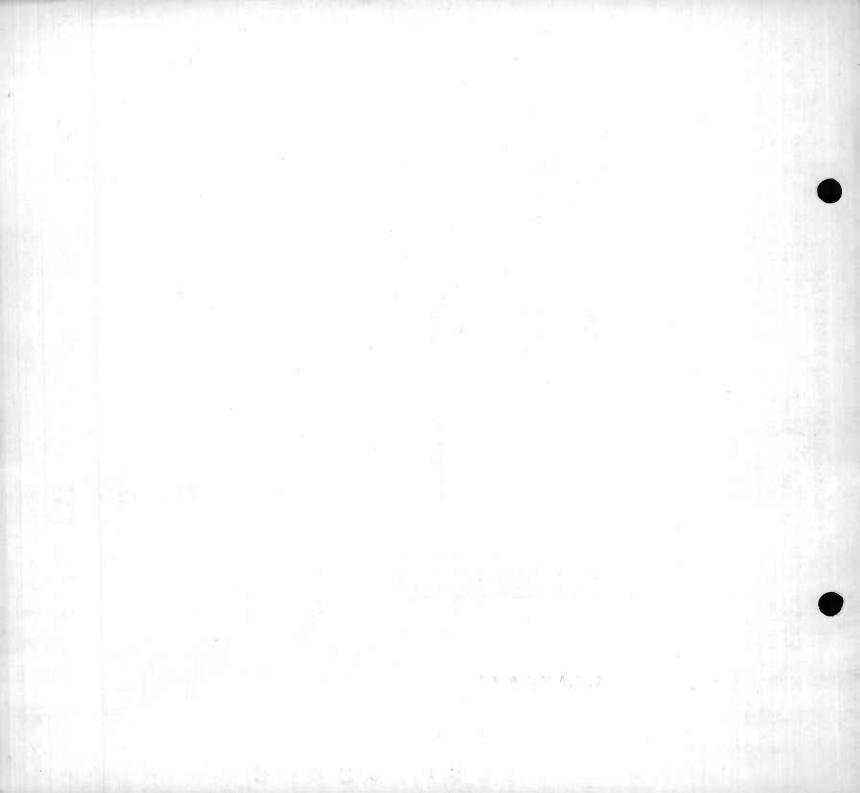


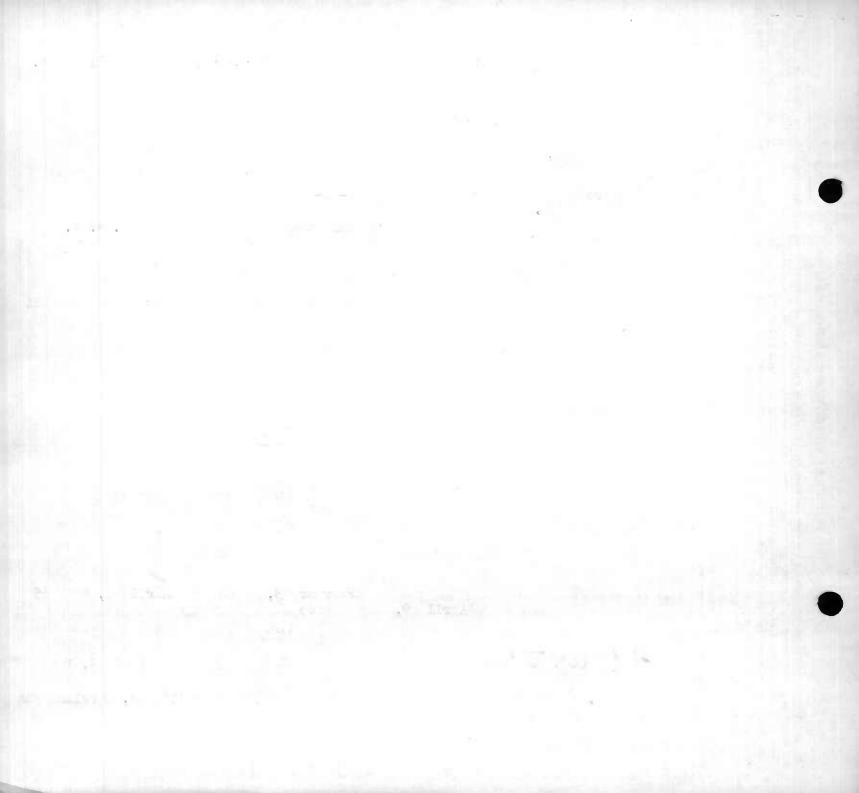


VS 151-REV. 1/1/65



1		BALTIMORE CITY HEALTH DEPARTMENT	65 3883
1-5	2-705	BIRTH NO. 65 3883 CERTIFICATE OF DEATH Registered No.	
	death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death death	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) JOHNSON, PAUL, JR.  2. DATE AND HOUR OF DEATH (Type or Print) JOHNSON, PAUL, JR.  4/11/65 /2-45A)	M 1
5	h.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived. If institut	IVI.
4/11/2	cause or use; (5) D endance to deat	FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddross or location)  (C. CITY OR TOWN (If outside city limits, while RURA Ballimére.)	at and give township)
	ng ca d	Union Memorial Hospital.  D. STREET ADDRESS (If rurol, give locotion) 2618 Kirk avenue	
7	de de		
	ntrib rmin egul ased s ma	Male Negro. WIDOWED DIVORCED (specify) 9-12-31. lost birthday 33 4,5 Ma	Under 1 Yr. If Under 24 Hrs. ponths Doys Hours Min.
7	dete in r	done during most of working life, even if retired)	American
"	de de as	13. FATHER'S NAME	man de la comita del la comita della comita
NT NT	direct; (4) Urh wann the dispos	Joshua Johnson ROWENA Little	
ORTAN	he chind cind deat ce o	15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  Unknown  16. SOCIAL SECURITY NO.  242 - 5361  A. A. Anandara Un	in Memorial Holpis
SOR	d t t	18. = 9// CAUSE OF DEATH	INTERVAL BETWEEN
W L	his co, i fan	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
\$ =	Als	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury or complication which coused dooth.)  ANTECEDENT CAUSES  LEADING TO DEATH  BULLETO  BULLETO  Forth Super.  Porth Super.  Renal farture	3. 21 65
	orc ar bal	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	1. 1.
3 2	fra o de	ANTECEDENT CAUSES & possible septeterms & Renal facture	4.11.65
DIRECT	Xan Kan Kan Kan Kan Kan Kan Kan Kan Kan K	DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stating the	
3 3	3.9 e.s.	underlying Condition last.	
AL D	nedical dical ourns; nysicial n was emain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
SER!	m m m m m m m m m m m m m m m m m m m		DINGS CONSIDERED
S N	chie Bod the the hysie	3/22/65 Was Performed pretayorical Ordema NO Machinino Causes	S OF DEATH?
Le de	y the tai be; (2) here No pl	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID for CONTRIBUTING CAUSE OF com, factory, street, office bldg., INJURY OCCUR?  Etc.)   Home   2618   Wike one	ty, give exoct locotion)
	spiids spiids tur (6)	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?	1-1 12-1 1-10 aller
٠	ho h	OF INJURY (APPROX) 3 - 21 - 1965 5 My While At   Not While   Burnt by Cigarette a	
50	the iny ex an an	7	. // 19 65.
*	ap to be be be	that (1) (we) last saw the deceased alive on 10 19.65 and that in (my) (aur) apinion	death occurred on the date
24	sed sed sont spit	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE	B, DATE SIGNED
To B	eas ide ide hos de	M.D. Attending Med. Stoff	4/11/65
eloa	rel acc acc	23C. PHYSICIAN'S NAME (Type) K. M. ANANDA I AH	2 1-1 0 12-
100	was was An A. at pric	K.19. ANANDAIAA. M.D. O'Man Menonia Hog	pital Ballimore A
1	certification of the control of the	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 16	own, or county) (Stote)
	the body shows: ( was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
	This the bashow was dece	APR 12 1965 Robert E. Starfey 1 0 Morgon & Byett Furtome	916 PENNA AVE
		VS 150-PFV 1/1/65	



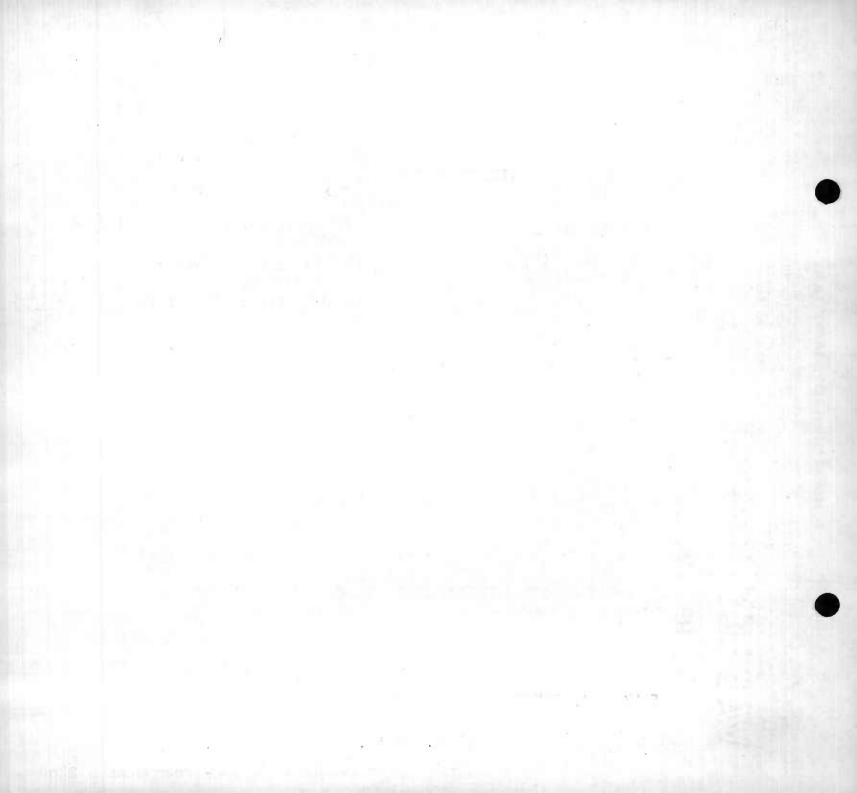


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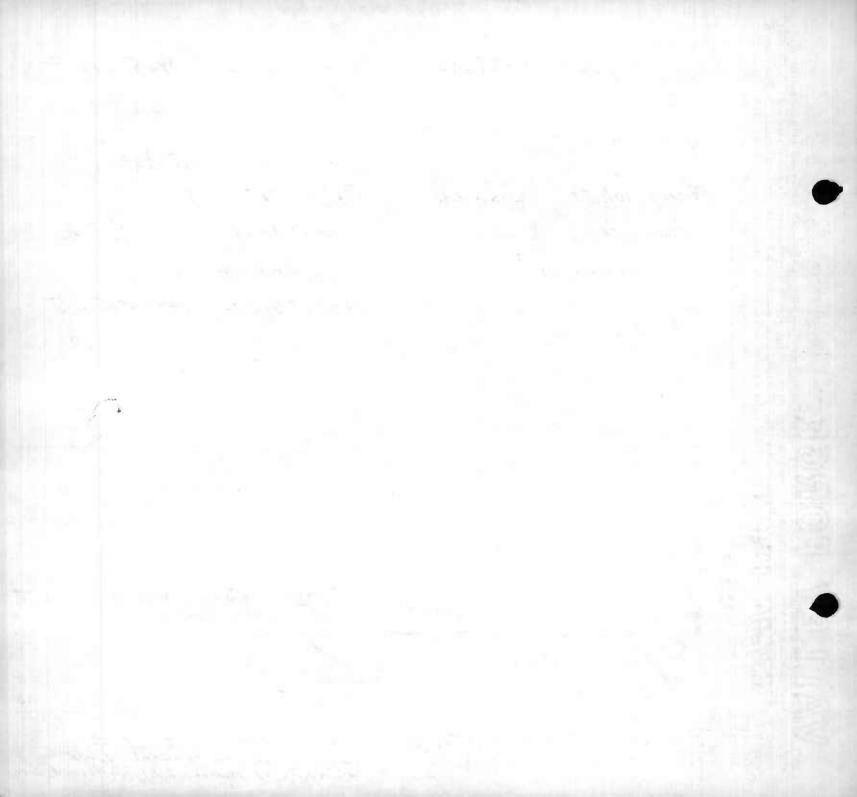
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Williami aril and Thaten 16 1 The second and three of world again. Hermille Wagner - Buch To Ediction 109 Me aulie

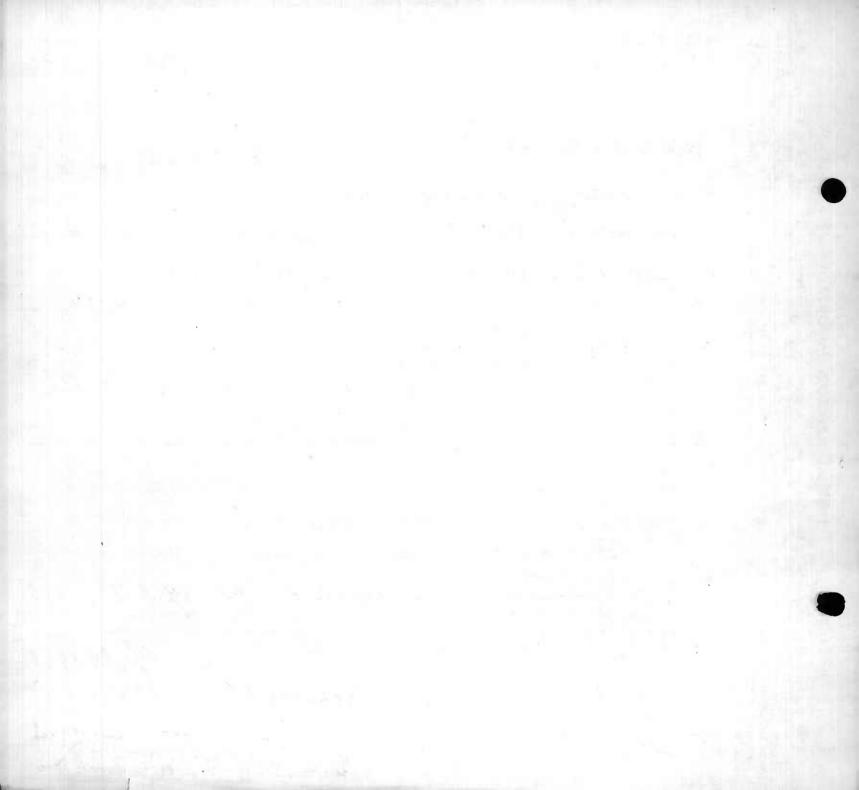
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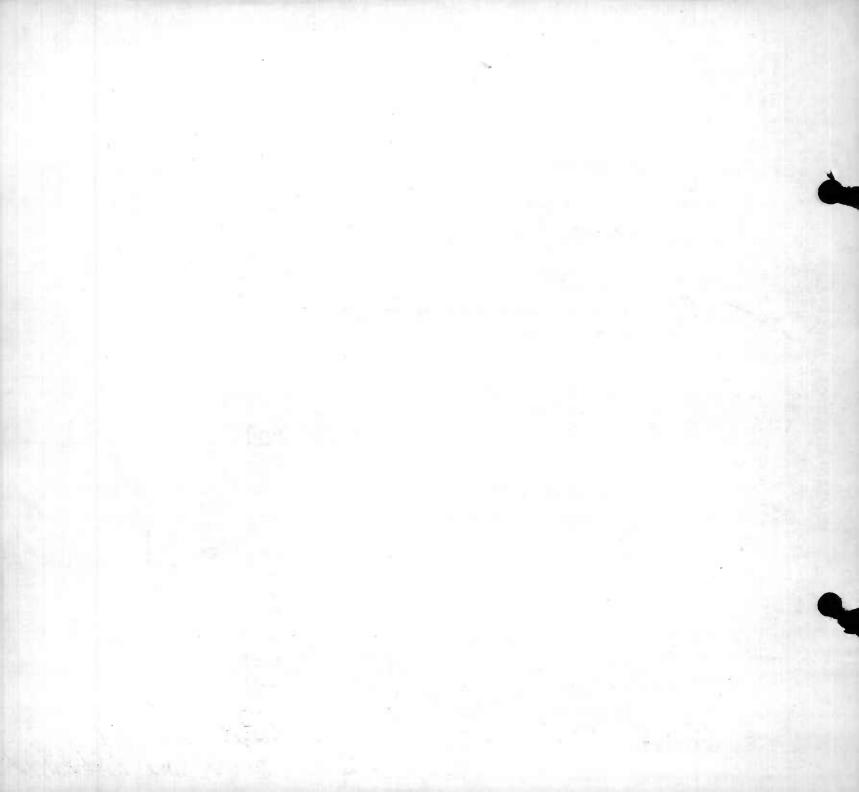
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		BALTIMORE CITY	HEALTH DEPARTMENT		CF 2000		
	и но. 65 388	9 CERTIFICA	TE OF DEATH	Registered Na	65 3889		
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
(Тур	PLACE OF DEATH IN BALTIMORE, MARYLAND	beth PERE	904 Apr	eit 8. 190	65 1 1:20 P. N		
3. 1	TEACE OF BEATH IN SALIMORE MARIEAND		A. STATE 8. COUN	1	inition: residence before admission		
- 1	FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or locotion) NSTITUTION	tion, give street	C. CITY OR TOWN (If out		URAL ond give fownship)		
1		6.4	BALTIM	IORE			
	522 S. BENTALO	u St.	0 #	rurol, give location)	4		
S. 5	EX 6. RACE 7. MAR	RIED, NEVER MARRIED		SENTALOU 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
F	T	OWED, DIVORCED (specify)	FEb. 18.1882	lost birthdoyl	Months Doys Hours Min.		
don	USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
		onestic	MARYLAN	d	U.S.A		
13.	FATHER'S NAME	100,000	14. MOTHER'S MAIDEN NAM	ME			
	DOSEDH HAVI	UARD	Unit	Lnown			
S. Yes	Was Deceased Ever in U.S. Armed Forces? s, no or unknown) (II yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	NO NONE		MILTON S. HAVE	URRA DE	LTA. PA.		
	18. 422.01	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY	C.	2 7	. 11	2 //		
	LEADING TO DEATH  (This does not meen the mode of dying,	e.g., DUE TO	ronce page	Molecus	773		
	heart failure, osthenio, etc. It meons the disc injury or complication which caused deoth.)		100	1	3 -11		
	ANTECEDENT CAUSES	(8)	rus Bronci	ules	moulh		
	DISEASES OR CONDITIONS, il any, gi	Ving					
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU						
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFIC	194. DATE OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	ON CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Bottimore	City, give exoct locotion)		
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
8	(APPROX)	While At Not While At Work	•				
	22. I certify that (I) (this haspital) attend	ed the deceased from	april 8 1	19 63 10 CG	19 65		
	that (I) (we) lost sow the deceased alive	on		/-	nion death occurred on the dat		
	and hour and from the causes stated above	ve. (1) (We) (did) (dld not) v	lew the body after death.				
	23A. SIGNATURE	0,			238. DATE SIGNED		
	Lally M.D. Attending Med. Stoff Phys.   Wril 9 1965						
	23C. PHYSICIAN'S NAME (Type)	ALLY M.D.	POLLING	Rd + Ps	EDERKK Ph		
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	OCATION (Cit	y, town, or county) (State)		
	REMOVAL (Specily)	1 . d . 7	ARK B.	ALT WAR	MARYLAND.		
25/	A PATE REC'D BY HEALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 Bungan	HONE ADDRESS		
	4LU TO 1200 OPPORT 5"	Jahren By D	- Juani	miller 2101	indend are		
1.40	200 001/ 2/2//0						



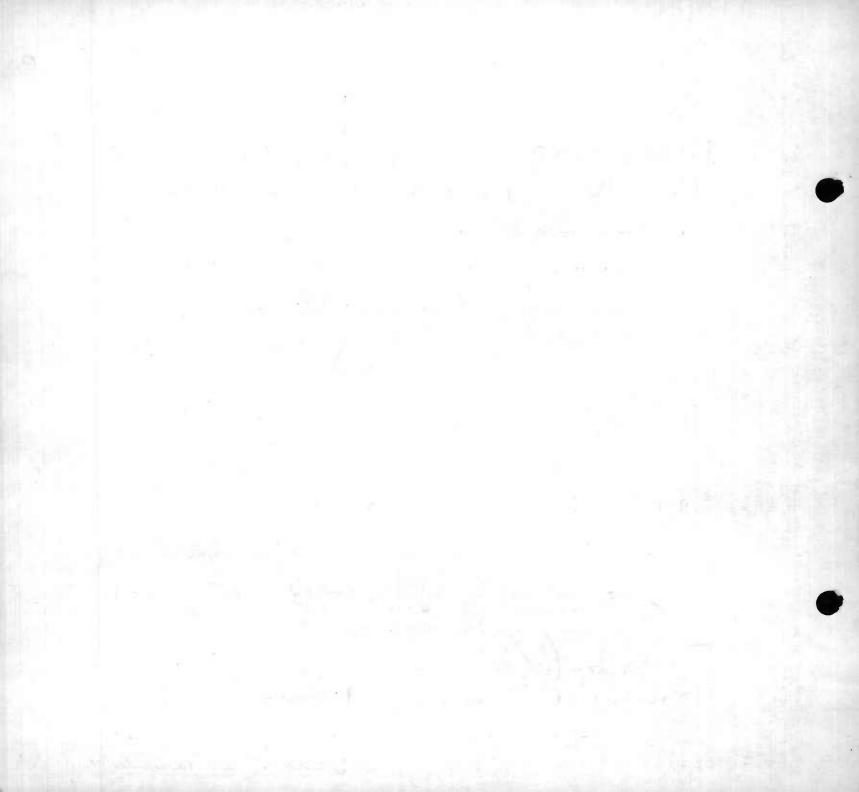
**	BALTIMORE CITY	HEALTH DEPARTMENT		65 3890
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 3030
M.E. CASE NO.		2. DATE AL	ND HOUR OF DEATH	
(Type or Print)	Carrent		1-4-65	1 4° n.
EMELINE (	OCEEN			stitution: residence before admission
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Ь	A. STATE B. COUN		the a.
FULL NAME OF (If not in hospital or insti	tution give street	MA B	ALTIGERE	1800
HOSPITAL OR oddross or location)	ionon, give sheet		utside city limits, write R	URAL ond give township)
INSTITUTION		15.		
UNIVERSITY HOSPIT	AC	D. STREET ADDRESS (III	rurol, givo location)	
Celorote		-1-W-		
		887 rayety	e ST. #1	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min,
( A) W	DOWED, DIVORCED (specify)	7-19-22	43	
10A. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF
done during most of working life, even if retired)		4 4 0	,	WHAT COUNTRY?
Comostin	-	W.C.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Tolor Staring	7	001		
YOUND STRICK	LING	Alpha		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ala	SECORITI NO.			
100				INTERNAL DETAILED
18. 6 0 0 1 0 I	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	,	-		
LEADING TO DEATH	(A) U	renuc		
(This does not mean the made of dying	, e.g., DUE TO			
heart failure, asthenia, etc. It means the d injury ar camplication which caused death		- 1	1	
ANTECEDENT CAUSES	(B) (h	vous unal a	rolane	
	DUE TO	1 11 1 .	1 11	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin		alle chiasia	Quelacistité	1
UNDERLYING CONDITION last.	(0)		15 9 4 WEV J GOOD I	
*1				
OTHER SIGNIFICANT CONDITIONS CONTR	IRLITING	11 1 -		
TO THE DEATH BUT NOT RELATED	TO THE	brad as a.		
DISEASE OR CONDITION CAUSING IT.	0,	1206 ALTORGYZ (Voc. or N	In 208 IE VEC MERE I	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or N	IN CERTIFYING CA	USES OF DEATH?
ERT S		125	1Va	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (o.g., home, form, foctory, stroot, c	office bldg. INJURY OCCUR?	(If in Boltimore	City, give exect location)
▼ DEATH (notify medical examiner)	otc.)			
OF IN HERY	IT) 21 E. INJURY OCCURRED	21F. HOW DID IN	ILLEY OCCUP?	
OF INJURY (Month) (Doy) (Yoot) (Hot			JOK! OCCOR.	+
(APPROX)	While At Work At Work			
22 1 (I) (Alia bagaing) page	and the deserred from	4-5	19 65 ta	4 - 6 1965
22. 1 certify that (1) (this hospital) atte		A		
that (I) (we) last saw the deceased ali			The state of the s	nian death accurred on the do
and haur and from the causes stated at	pave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
2/1/2/1/2/1/2	M.D. At	tending Med.	Stoff Phys.	1 1 15
Mekay J. Haye	Ph		Phys.	4-6-63
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	A	
M	M.D.	LOMBARD +	GREENE STS	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF		1	ty, town or equity)/ (State)
24A. BURIAL CREMATION, 24B. DATE	001/11.	11 /2 05	10/11/11	VIM
101/1/11 4/12/65	1/14 /1/1/1/	IM (IM) NA	MANT.	7/14
25A. DATE REC'D BY HEALTH DEPT 258.	NAME OF REGISTRAR	75G. EUNERAL DIRECTO	11/1	ADDRESS 2/0
ADD 12 1005 10 0 MG	Halley ()	9/1/8/2010	Francial/8/2	and of back me the
HLL THE BOSE OF CONTROL	14000	- MANCHUMA 1	uneray //a	me III www.call
VS 150-REV. 1/1/65				



	0001	Y HEALTH DEPARTMENT	65 3891		
M.	E CASE NO.	112 01 02/1111	0.0		
	Pe of Print Adda Irene Ford	April 10, 190	2. Date and Hour of Death April 10, 1965		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. If ins A. STATE, B. COUNTY			
	FULL NAME OF (If not in hospital or institution, grve street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RI	URAL ond give township)		
)	5105 Belair Road	Balto.  D. STREET ADDRESS (If rurol, give locotion)			
	J. Of Docuber House	5105 Belair Road			
7	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	June 24, 1889 binhday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRIES TO MORE TO BUSINESS OR INDUSTRIES TO BUSINESS OR BUSINE		12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5.71.		
	William Hunter	Alice Knox			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)	Mrs. Florence M. Green,	Address 4139 Eierman		
_	72011	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RUNARY OCCLUSION	ACUTE		
6	heart failure, asthenia, etc. It means the disease,				
	ANTECEDENT CAUSES (B)				
	DUE TO	aland is seen saled	2 YEARS		
	underlying condition last.	NARY INSUFFICIENCY	A TEIMS		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ANTERGODISEASE OR CONDITION CAUSING IT.	SCLENOSIS GENTRALIZED	10 YEARS		
RTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION		NDINGS CONSIDERED		
AL CER	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF   home, form, loctory, street,	in or about 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)		
EDIC		21F. HOW DID INJURY OCCUR?			
8	(APPROX.) While At Work Not Wh				
	22. I certify that (I) (this hespital) attended the deceased from	MANCH 19 48 10 A/	1465		
	that (I) (was) last saw the deceased alive an		ion death occurred on the da		
	and hour and from the causes stated above. (i) (WE) (did not) 23A. SIGNATURE	view the body ofter death.	23B. DATE, SIGNED/		
	Gilbert 2. Rudanan M.D. A.	tending Med. Stoff Phys.	4/12/65		
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS	22		
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		, OH .		
	REMOVAL (Specily)	Cemetery Baltimore, Me	y, town, or county) (State)		
	A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
	APR 13 1965 00 20 7 8 7	Jeonard Jo Ruck, Inc.	,Balto.,Md.		
VS	150-REV. 1/1/65				

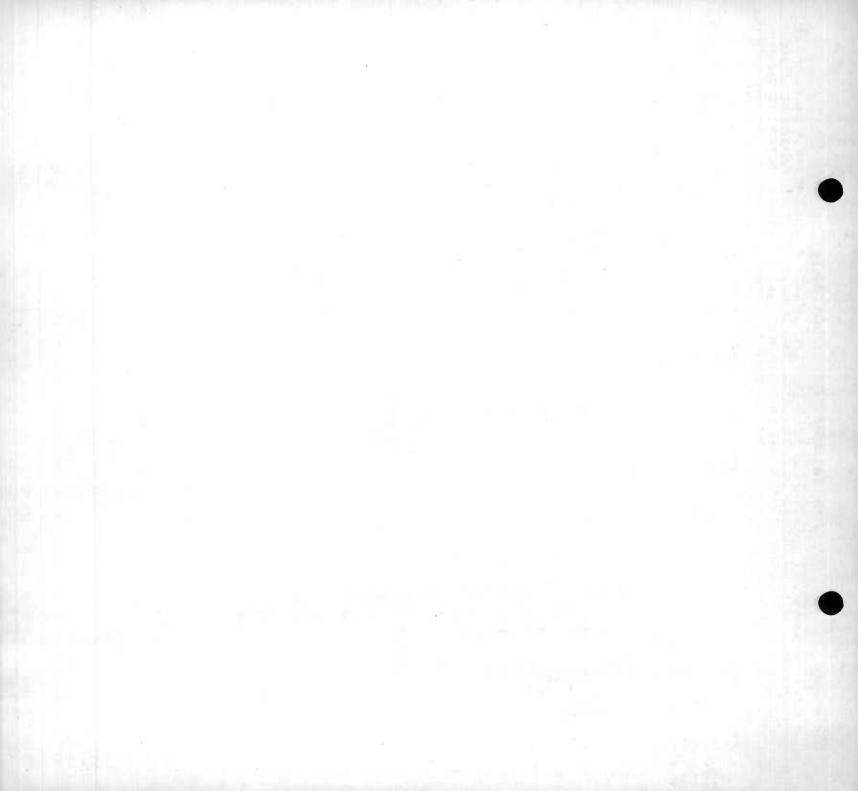
() P () C () C ()	BALTIMORE CITY	HEALTH DEPARTMENT		05 2000			
BIRTH NO. 55 3893	CERTIFICA	TE OF DEATH	Registered Na.	65. 3893			
1. NAME OF DECEASED	,	2. DATE AN	ND HOUR OF DEATH				
(Type or Print) HUGHN Edward	Legaiz	Apr	11 11,1965	12:45 PM.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (If not in haspital ar institution, address ar location)	give street	MARYLAND					
INSTITUTION	Hesp. tal	C. CITY OR TOWN . (If ou	itside city limits, write RUF	(AL and give tawnship)			
		D. STREET ADDRESS (III	rural, give locotian)				
Battimere, mary land		3123 WEAR	OER AVENU	e			
/ WIDOWED	NEVER MARRIED , DIVORGED (specify)	B. DATE OF BIRTH	9. AGE (In years I last birthdoy)	f Under 1 Yr. If Under 24 Hrs. Norths Days Haurs Min.			
MALE CAUCASIAN MAL	erced	11/9/06	58				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF dane during grast of storking life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	1 /	2. CITIZEN OF WHAT COUNTRY?			
	untant	BALTIMORE		United States			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
VAUghN O. LEGAR		Lilly M.	JACOBS				
15. Was Deceased/Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
Yes		Mrs. Mildred M	4. Legar	same			
18. 24. 7	CAUSE O			ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rice	nit myvaracha	lanjaration	2-3days.			
(This does not mean the made of dying, e.g.,	DUE TO	chough voy	ristic				
injury at camplication which caused death.)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  Recent injuranteal injura						
ANTECEDENT CAUSES	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (B)  THE SILV OF						
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	old	extensive report	ordial when	24			
UNDERLYING CONDITION last.	te	of vendriller 1	U Stylewed	**************************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Blue ali	nel sevère arte	riox leves	atroph, of Richay			
19A. DATE OF OPERATION 19B. CONDITION FOR VWAS PERFORMED		20A. AUTOPSY? (Yes or No	10 208 IF YES, WERE FIN	DINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF home etc.)	e, larm, factory, street, at	fice bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exact lacotion)			
O 21D. TIME (Manth) (Day) (Year) (Haur) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY (APPROX.) Whi	le At Not While	e					
22. I certify that (I) (this hospital) attended th		ARIT 6	19 65 to APR	1 11 1965.			
that (1) (we) last saw the deceased alive an		/	,				
that (1) (we) last saw the deceased alive an April 19 65 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE	M		23	B. DATE SIGNED			
David Wernt Mac	Milloun M.D. Atte	ending Med.  Director	Staff Phys,	24/11/65			
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	. 0				
DAVID MERRITT MAC MI	LLAN M.D.	UNION Me	moreial Ho	sp. Tal			
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	Town, at county) (State)			
Burial 4/14/65	Parkwood Ceme	tery	Baltimore, Ma	aryland			
25A. DATE REC'D BY HEALTH DEPT. ' Z5B. NAME O	T KEGISTRAK	-12 0 0 0		ADDRESS			
VS 150-REV. 1/1/65	Scuttill "	Loonard J. R.	ack Inc 5305 F	larford Road #14			

THE TE WE THERE



MRTH NO. 65 3895		TY HEALTH DEPARTMENT		65 389	
M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	300	
1. NAME OF DECEASED			HOUR OF DEATH	- 20	
(Type or Print) CAYCE	ANNIE	(. 4-10	-65	1330	
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	docoosed lived. If in	stitution; residence befo	
FULL NAME OF (If not in hospital or institu	ition, give street	BALTIMORE C. CITY OR TOWN (If outs	ido city limits, write	RURAL and give towns	
INSTITUTION		BALTIMOR		-16	
11111		D. STREET ADDRESS (If re	orol, give location)	00	
UNION MEMORIAL	- 1,105/	2835 1	HILLEN	RD.	
5. SEX   6. RACE   7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr., If L	
	OWED, DIVORCED (specify)	11-22-99	ost birthdayi	Months Days Hou	
10A, USUAL OCCUPATION (Give kind of work 10B. KIN	ID OF BUSINESS OR INDUSTI		n country)	12. CITIZEN OF	
done during most of working life, even if retired)		UIRCINIA	L	WHAT COUNTRY	
HOUSE WIFE		14. MOTHER'S MAIDEN NAM		UST	
	111			1000	
JOHN COLE YOU		LICLIAN	WIGITE	COLT	
15. Was Deceased Ever in U. S. Armed Farces? (Yas, no or unknown) (If yas, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0-	ADDRESS	
	217220610	17. INFORMANT MKRY	17 EBUCI	P 36 69	
18. 420, 1		OF DEATH		INTERVAL BI	
DISEASE OR CONDITION DIRECTLY				ONSET AND	
LEADING TO DEATH	(A)	MOCREDIAL	INF NAC	Trad NON	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	MOCRENIAL	·		
injury at camplication which coused deoth.)					
ANTECEDENT CAUSES	(B)	^^0 0000 pmood(= pm= mp = n = 0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	800 0 to 800 000 to to territorie to cardo es es es to to 800 0 es esces do carece		
DISEASES OR CONDITIONS, if ony, giving					
rise Ia the above cause (A) slating UNDERLYING CONDITION last.	the (C)				
O OTHER SIGNIFICANT CONDITIONS CONTRIB					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE OF OPERATION WAS PERFORMED			IN CERTIFIING CA	USES OF DEATH?	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact lacof	
DEATH (notify modical examinar)	otc.)	3			
O 21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)	While At Not W	hile			
				. 10	
22. I certify that (I) (this hospital) attended the deceased from 4-10-65 19 to 4-10-65 that (I) (we) lost sow the deceased alive on 4-10-65 19 and that In (my) (our) opinion death occurred					
			t In(my) (our) opi	nion death occurred	
and hour and from the couses stated abo	ve. (IV (We) (did) (dld not)	view the body ofter death.			
23A. SION ATURE				23B. DATE SIGNED	
Jours X. 10	erro f M.D. A	hys. Mod. Director	Stoff Phys.	4-10-6	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
TANE Types	M.0	. JUION ME	- MCRIS	1/65%	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of C		CATION (C	ity, town, or county)	
REMOVAL (Spocify)	As a same			AA 1	
burial 4-14-65	Moreland Mem	. Park   Ba	ltimore,	nd.	
25A. DATE REC'D BY HEALTH DEPT. 258. NA	T CO REGISTRAR	25C. FUNERAL DIRECTOR	P 1 0	ADDRES:	
AFK 13 1966 () () 作区	stable of U	Jeonard y.	NUCR YNC	Baltimore	
VS 150-REV. 1/1/65					

FUNERAL DIRECTOR: IMPORTANT



IMPORTAN

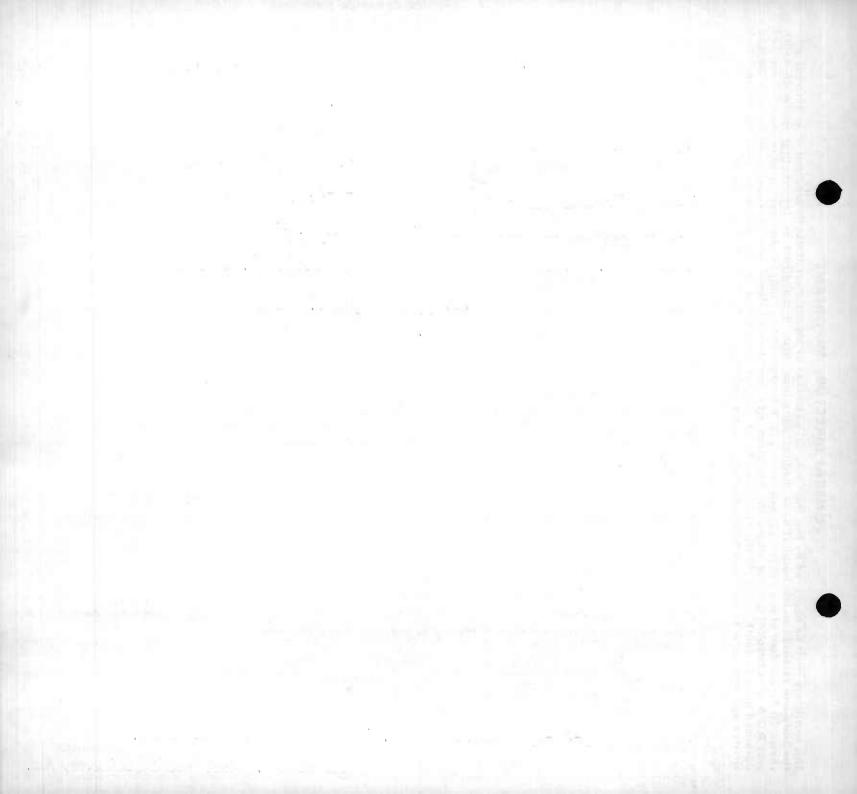
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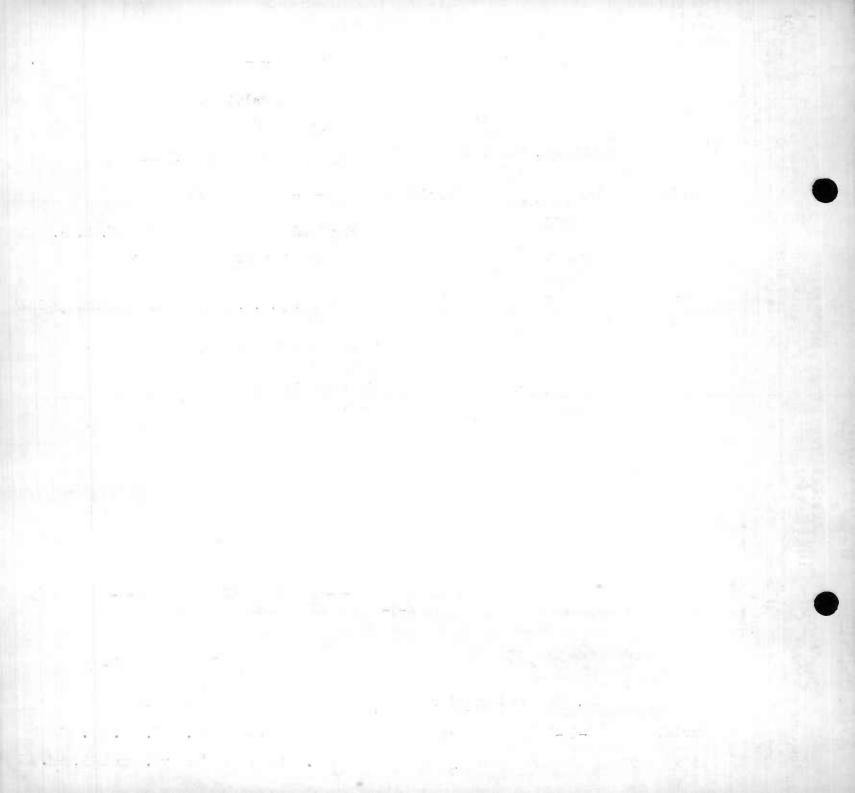
FUNERAL

VS 150-REV. 1/1/65

Registered Na. BIRTH NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: residence STATE

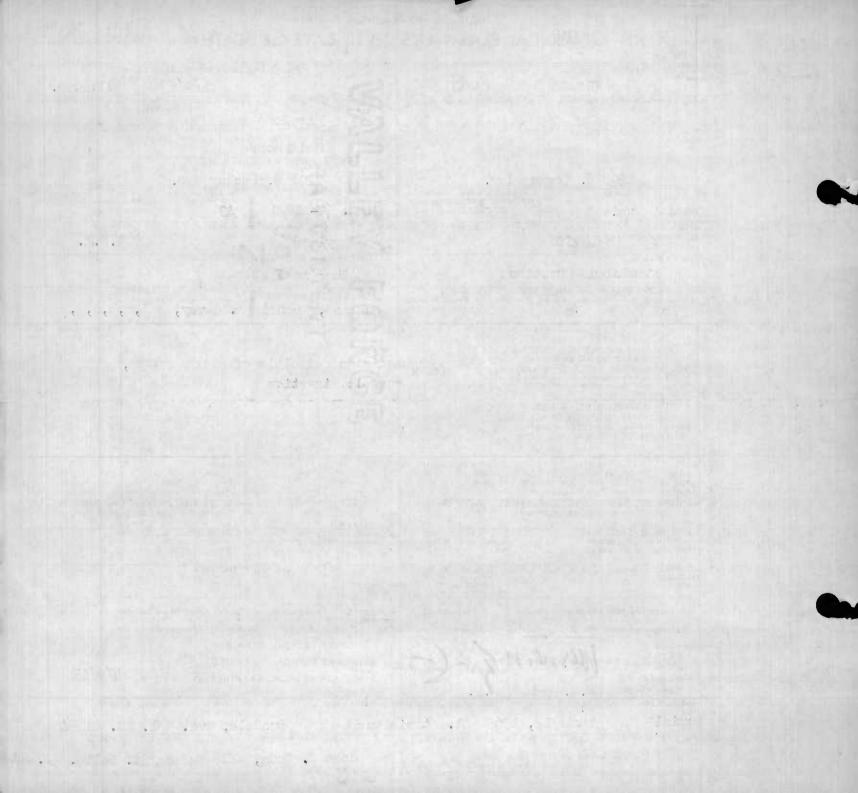
B. COUNTY (If gutside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (aur) opinion deoth accurred on the date 23B. DATE SIGNED (City, town, or county)





C-100

M.E. CASE NO.	ාට රජ <b>MED</b>		WWW TERES	CERTIFICATE OF DEATH Regis	
NAME OF DE	CEASED			2. DATE AND HOUR PRONOUN	CED DEAD
Type or Print)	FRANCES	(	CAVEY	4/9/6	5 11:40 a.
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admissio
				Maryland B. Co	YTAUC
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITI	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, with	ito RURAL and give township)
OSPITAL OR				Balti more	-11
				D. STREET ADDRESS (If rurel, give location)	
	7000 S D1	A			
SEX	1208 S. Decl			1208 S. Decker Ave.	
female	white		NEVER MARRIED DIVORCED (specify)	Sept. 17- 1921  9. AGE (In yours last birthday) 43	Months Doys Hours Mi
A. USUAL OCC	UPATION (Give kind of work	TOR KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ne during most of	working tile even it retired			Maryland	WHAT COUNTRY?
FATHER'S NAM				14. MOTHER'S MAIDEN NAME	
St	anialaus Brze	czko		Catherine Pomykala	
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	ADDRESS
os, no orunknows No	(If yes, give wer or dote	s of sorvice)	SECURITY NO.	Husband, Francis A. Cavey,	# / s h o d
140	No			husband, Francis A. Cavey,	# 4,2,0,0,0,0
18.	) X .		CAU	SE OF DEATH	INTERVAL BETWEE
RISE TO THUNDERLY	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST	TATING THE	(C)		
		CONTRIBUTE			Second Name of Street
TO THE	INFICANT CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING	LATED TO T	HE		
19A. DATE O	F OPERATION 19B, CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yos of No.) 20 B. IF YES, WERE IN CERTIFYING CA	
UNDERLYING UTING CAL	CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or bout 21C, WHERE DID (If In Boltimore City, office bldg., INJURY OCCUR?	give exact location)
21 D TIME OF INJURY	(Month) (Doy) (Yeor	Hour) 2	1 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		m. \	WHILE AT NO	WHILE WORK	
22.	tify that I held an I	nguiry	Inspection A	utopsy X and that on this basis, death in	my opinion
resu	Ited from: Notural con	uses X. A	Accident Suic		ner
ACTUA	1411.	0 10	151	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNAT		411.9	N ( )M.	D. ASSISTANT MEDICAL EXAMINER	
EXAMIN NAME (	VER'S	oitz. M	D.	ASSOCIATE MEDICAL EXAMINER	4/9/65
A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (Cit	ty, town, or county) (State)
MOVAL (Specific Burial	y)		St. Stanis		
A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
ADD 1 5	3 100F A 0	0 7	A	T-1 T D 1 00000	



			BALTIMORE CITY	HEALTH DEPAR	RTMENT	X	CE 2000	
IRTH NO.	65 3899		CERTIFICA	TE OF DE	EATH Registe	red Na	60 3833	
NAME OF DEC	00				2. DATE AND HOUR OF	DEATH		
Type or Print)	DIGNAN, Lawre	ence Tho	mag		April 7, 19		3:35 p	
PLACE OF DE	ATH IN BALTIMORE MA		711000	14. USUAL RESID			ion: residence before admissio	
				A. STATE	B. COUNTY	17002 11 111311011	n. It	
FULL NAME O	OF (If not in hospital address or location	or institution.	give street	c. city of to	and		SCIENT	
INSTITUTION			24.7			ts, write KURA	L and give township)	
	Administrati		1681	Balting D. STREET ADD		cation	0000	
-	ch Raven Boule	0				,411011)		
RETATION REPORT	e, Maryland	21218	NEVER MARRIED	B. DATE OF BIRT	Belair Road		H-11 V. 16 H-1 04 N	
		WIDOWED	D, DIVORCED (specify)		lost birthdoy)	Mo	Under 1 Yr. If Under 24 H nths Days Hours Min.	
Male	White	Widow		July 2				
A. USUAL OCC	UPATION (Give kind of work working life, even if retired)	Beth.	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12.	CITIZEN OF WHAT COUNTRY?	
Steelwo		2090		Baltime	ore, Maryland		U.S.A.	
FATHERS NA		0 224 544		14. MOTHER'S A				
Tam = = 7	Total and are			Maron V	noleol			
	Dignan	?	11.6 50.0141	Mary Y	BAKOT		A D D D C C C	
s, no or unknow	Ever in U. S. Armed For (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	VA HOST	ital Records	3900 To	and Raven Bland	
Yes	6/18/42 - 3/	4/43	218-01-2061		timore, Maryl			
18.	7.11		CAUSE O	F DEATH	millores Hary	2	INTERVAL BETWEEN	
DISEA	SE OR CONDITION DI	RECTLY					ONSET AND DEATH	
	LEADING TO DEATH		(A) Cor	pulmonale			unknown	
	nol mean the mode of asthenio, etc. It means		DUE TO				**************************************	
	mplication which caused							
	ANTECEDENT CAUSES				lmonary, Chro	mic,	unknown	
DISEASES	OR CONDITIONS, if	ony giving	DUE TO "I	estructiv	e			
rise to th	ie obave cause (A)		(C)	MARIO DE 100 DE	50 m/s 55 m/s 60 50 50 50 50 50 50 50 50 50 50 50 50 50		*************************************	
UNDERLYIN	G CONDITION lost.							
	11							
OTHER SIGN	DEATH BUT NOT RELA							
DISEASE OR	CONDITION CAUSING	IT.		TAX				
TO THE DISEASE OR 19A. DATE OF	F OPERATION 198. CON		WHICH OPERATION			S. WERE FINDI	NGS CONSIDERED OF DEATH?	
214 40015	NIT MAR HAD BELVING	10.0	NACE OF COLUMN	Yes		Ces		
OR CONTRIB	INT WAS UNDERLYING TUTING CAUSE OF	hom	PLACE OF INJURY (e.g., in e, farm, factory, street, of	fice bldg., INJURY	OCCUR?	soltimore City	, give exact location)	
	y medical exominer)	etc.						
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR	?		
(APPROX.)			ile At Not While					
		Wo			. 61	Array T	746	
			he deceased framM		19 65 to		7th 19 65	
that ( (we	) last saw the decease	ed alive an	April 7th	19 65	and that in (my) (	(aur) apinlan	death accurred on the d	
and hour an	d fram the causes sta	ted abave. (	(We) (did) (djd/gby) v	iew the bady at	fter death.			
23A. SIGNAT		01	7	,		238.	DATE SIGNED	
//	hut bell	11/	M.D. Atte	ending M	sed. Staff Phys.	A	pril 8, 1965	
ESC. PHYSICIA	ANS /	17701	Mary Phy					
NAME (	Type)			VA Hosp	ital 3900 Lo	ch Raver	n Boulevard	
ROBER	T N. DISIMONE		M.D.	Balt	imore, Maryla	nd 2121		
A. BURIAL CRE	MATION, 248. DATE		AME of CEMETERY OF CRE	MATORY	24D. LOCATION		wn, or county) (Stote)	
Burial	4-12-19	65 Ba	Itimono Matie	no.7	Fradoriale	מל הל	לב אל מדים	
	BY HEALTH DEPT.		ltimore Nation	25C. FUNERA	L DIRECTOR	Ka Par	to. Md. 21228	
APR 10	1000 4	0 30				se Ave.	Dundalk, Md. 2	
CITY I	1985 A. C. B	150 30	Charles 1)	J 3	1 13 112			
150-REV. 1/1/	65	1	,					

William M. On Frien

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Marchen Conerd Hopeted 1991 S. Clinton St.

Mule White Named 31199 71

Longeboren - Rhad Poland

Henry A. Krapkowsky Frances

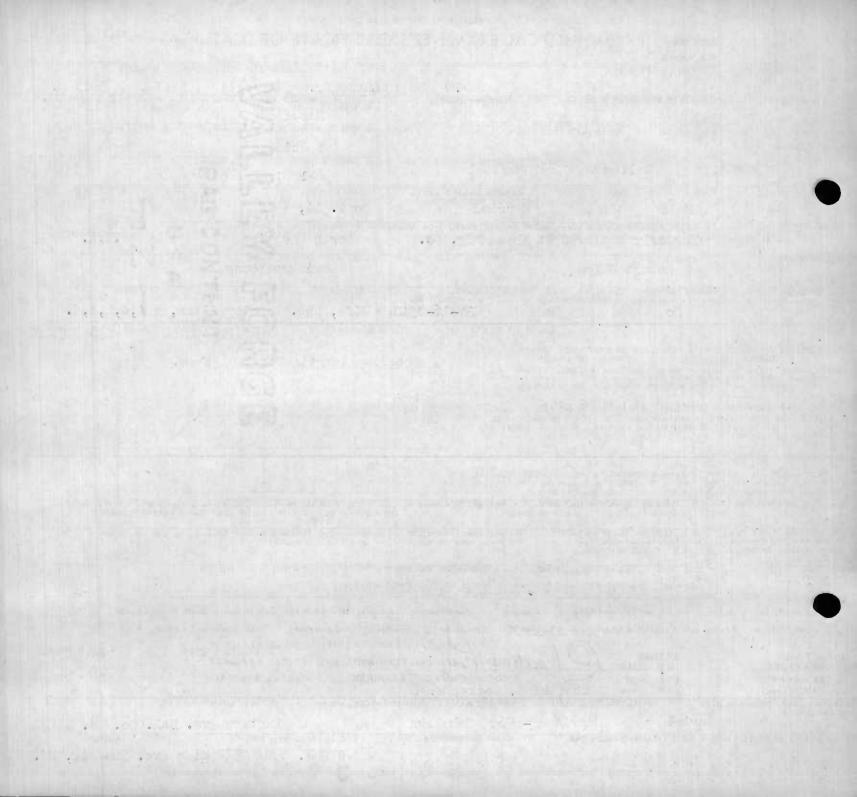
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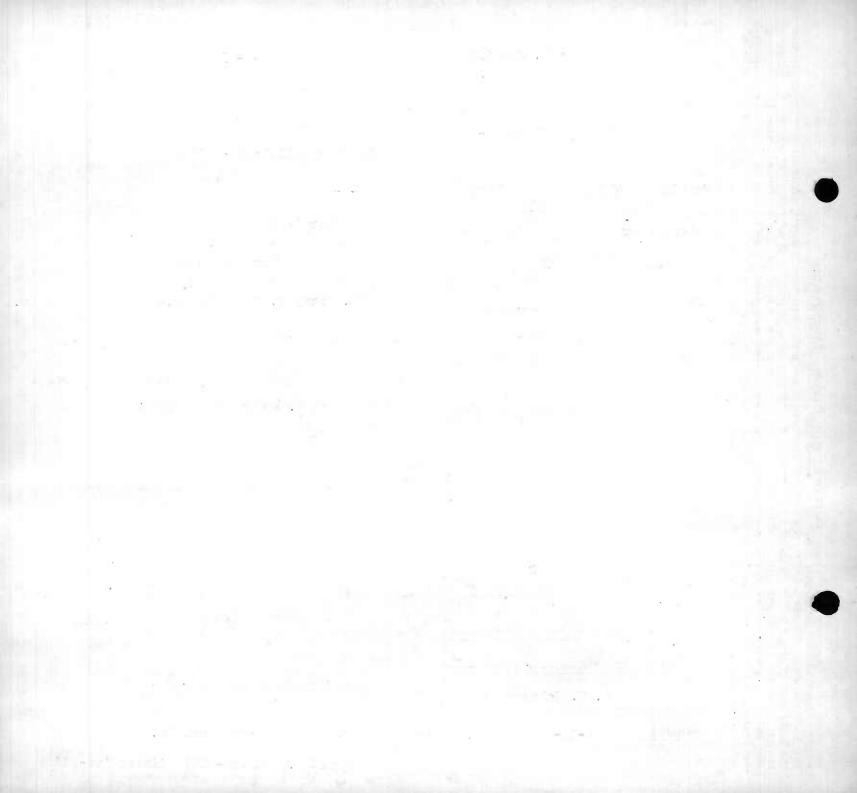
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A-450

E. CASE NO.	ICAL EX	AMINEK 5	CERTIFICAT	E OF D	EAIH Register	red Na.		
NAME OF DECEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD		
FORD	ED	WARD	ALLEN, Sr.	Ap	ril 7, 1965	5   5:35 P.		
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE		leceased lived. If insti B. COU	tution: residence before admissi		
ILL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	Man	Maryland				
OSPITAL OR ADDRESS OR LOCA	(NOIT		C. CITY OR TOV	VN (II outside	corporate limits, write	RURAL and give township		
				ltimore		0-6-36		
Baltimore City	Hospita	1s	D. STREET ADDI					
					land Avenue			
Male White		VEVER MARRIED LVORCED (specify)	Sept. 14		9. AGE (In years lost birthday) 46	Months, Doys, Hours, Min		
NUSUAL OCCUPATION (Give kind of world to the company of the compan				Stote or foreign Carolina		12. CITIZEN OF WHATSCOUNTRY?		
Robert Allen		3-14-13	14. MOTHER'S M.		ma			
Hobert Arren			Loda	skey You	mig			
WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	a Tele	STEEL STEEL	ADDRESS		
No No		237-16-0540	Wife, Mr	s. Dorot	thy Allen, #	# 4,a,b,c,d.		
1B. 4200		CAL	USE OF DEATH		ATT OF THE	INTERVAL BETWEEN		
DISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heart foilure, asthenio, etc. It meens injury or complication which coused	dying, e.g., the disease,	(A) Arto	erioscleroti	c Heart	Disease.			
ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	NY, GIVING	(B)						
		( )				***************************************		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO TH					***************************************		
19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR W	HICH OPERATION	20A. AUTOPSY	Yes or No)	OB. IF YES, WERE FIN N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	21 B. P home, elc.)	LACE OF INJURY (e. lorm, factory, stree	et, office bldg. INJURY	HERE DID (III	I in Boltimore City, giv	ve exoct location)		
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	W	E. INJURY OCCURRI	OT WHILE	W DID INJU	RY OCCUR?			
22. I certify that I held an 1	m. W		Autapsy 🔀 and	l that an this	basis, death in m	ov golnian		
resulted fram: Natural ca			cide Hamici		ndetermined manne			
10301100 110111 110111 1101	OTOSICAL MI	301		EDICAL EXA				
ACTUAL (()	al. I	1-15				DATE SIGNED		
SIGNATURE TO THE STATE OF THE S	acles I	1 fly	A.D. ASSISTANT MI			4/8/65		
EXAMINER'S Charle	s S. Pet	ty, M.D.	ASSOCIATE M	EDICAL EX.	AMINEK			
BURIAL CREMATION, 238 DATE	230	NAME of CEMETER	RY or CREMATORY	23 D. LO	CATION (City,	town, or county) (State)		
MOYAL (Specify) April 1								
	7	Oak Lawn  of registrar	DAC FILLIER		ern Ave. Ba			
DATE REC'D BY HEALTH DEPT.	A 1930	AL I		DIRECTOR	7022 111	ADDRESS		
APR 1 3 1965 (R.D., 1	TE JOI	Shew M.A	JOHN J	· DUDA	1722 Wise A	ve. Dundalk, Md.		



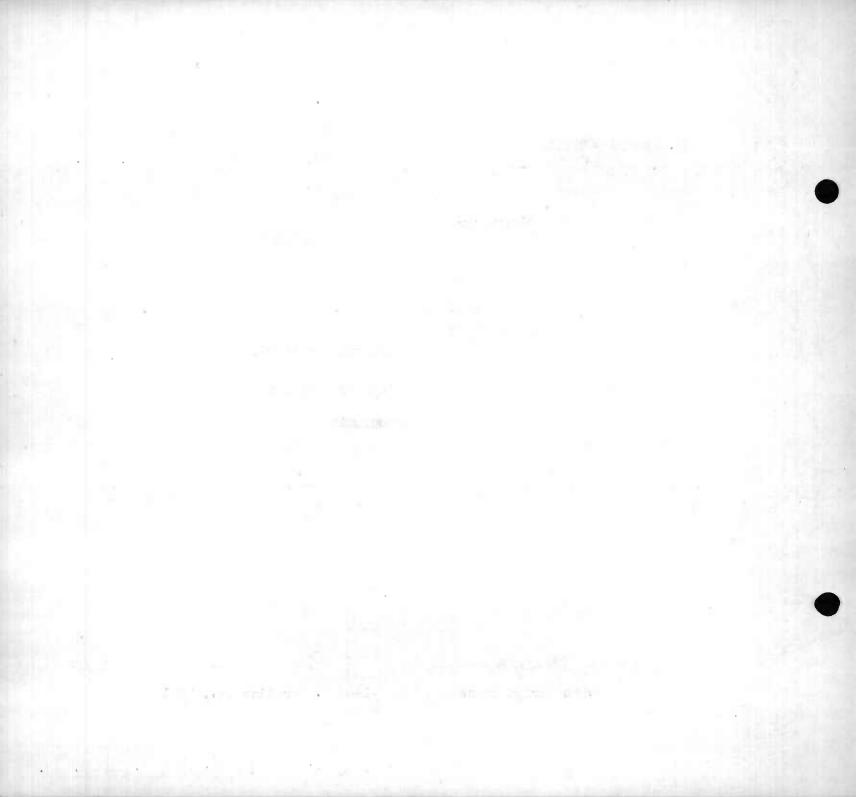
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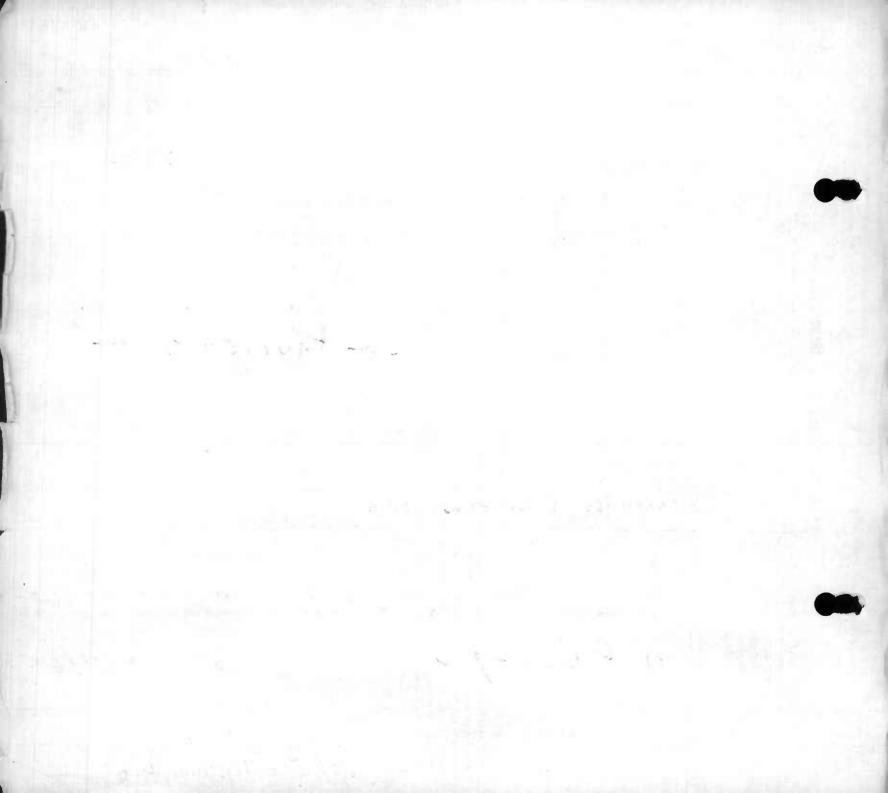
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(Type or Pr		EITNER		GIRL "B"	P	PRIL 7, 196	55	3:35 R
FULL N HOSPITA INSTITU	ME OF (III) L DR od	not in hospital address or location. GNES HOLENS & COLONIAL CONTROL OF THE COLONIAL COLONIAL COLONIAL CONTROL OF THE COLONIAL COLONI	SPITAL	/ENUE	MARYLAND  C. CITY OF TOWN  BALT I MORE	(If outside city limits, writz ZONE 30	5-47	
FEMA		TE	NEVER	EVER MARRIED DIVORCED (specify) MARRIED	4-7-65	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	6"5 04
done during	nost of working life		NONE	USINESS OR INDUSTRY	MA'RYLAND		12. CITIZEN O WHAT CO	FUNTRY?
15, Was De	ANK LEI	TNER  J. S. Armod Fore	es?	6. SOCIAL SECURITY NO.	17. INFORMANT	N DOWNIE	ADDI	
DISEA rise UNDE	oes nal meon pilure, asthenia, ar camplicolian  ANTECED SES OR CONI a the abave RLYING CONDI SIGNIFICANT ( HE DEATH 8	II CONDITIONS CO	ny, giving stating the	(A)	Janmala	ert Ty	6 h	11. 4 mm
DISEA	TE OF OPERATION	ON 198. CONE	OITION FOR WH	IICH OPERATION	20 A. AUTOPSY? (Yes	OI NOT 20B, IF YES, WER	RE FINDINGS CONS CAUSES OF DEATH	SIDERED ?
THE O		UNDERLYING	21B. PL			OLD (If in Bolting	note City, give exac	I locotion)
OR CO	CCIDENT WAS NTRIBUTING (notily medical (notily medical	(Day) (Year)	(Hour) 21 E. II	ACE OF INJURY (e.g., in form, foctory, street, of	21F. HOW DI	D INJURY OCCUR?		
21A. AO OR CO DEATH OF IN. (APPRO  22. I and he 23A. SI	(notily medical  AE (Manth)  JRY  X.)  pertify that (1)  (we) lost sov  ur and from the  NATURE  YSICIAN'S  ME (Type)	(this hospital) w the deceosed	(Hour) 21 E. It White Wark  ottended the d olive on	At Not While At Work deceosed from	APRIL 7  19 65  iew the body ofter do  miding Med. ST.AGNES H	19 65 to AP  19 65 to AP  nd that In (my) (our) conth.  Stoff Phys. X		CATON AV



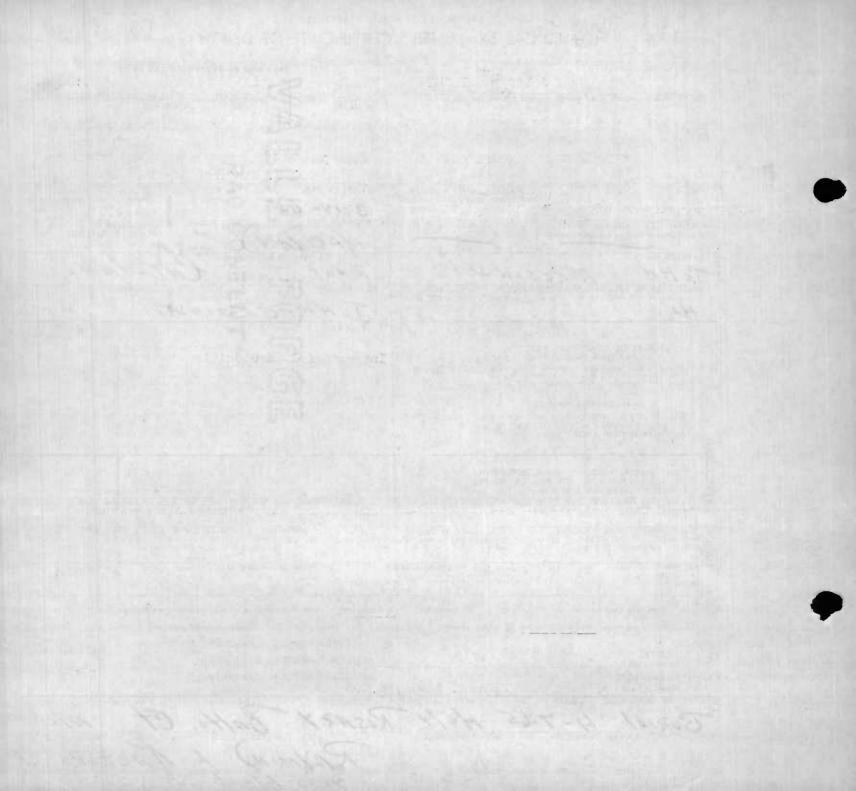
MITHIGHAND HOUSEWIFE WILLIAM P GE BRER LILLIAN 1145 ME 1.3 Morell Rosul & / Custon 721 MCD METS BLDG. FRANK G. KUEHN

1500 JEBOS	BIRTH NO. 65 3907 CERTI	FICATE OF DEATH Registered No. 00 3307
death death n the Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
-700	(Type or Print) Florence HAHN	4/11/65 430 AM
nospita se of (5) Dec ance o	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hospituse of (5) De ance death	FULL NAME OF (If not in hospital or institution, give street	maryland 6-01
n a hog cause use; (5) tendan	HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
E 34 L	Mercy Hospital.	D. STREET ADDRESS (If rural, give location)
71 - 1	recey no spriae.	30 N. ELLWOOD Ave \$24
curre curre nined nined pular ed pr	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr. If Under 24 Hrs.
ath occur in contribution in regulation is ma	F W WIDOWED, DIVORCED (Sp.)	2/16/1891   lost birthday   Month's Day's Hours Min.
o do	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NT  nt if death direct or cl (4) (4) Undet th was in on the dece		
if de ect o ect o was the	13. PATHERS NAME	ed Baltimore, Maryland USA 14. MOTHER'S MAIDEN NAME
F = 54 > + 8	Francis Miller	Alberta Oliver
AN stant ind; ind; on al di	15. Wes Decessed Ever in U. S. Armed Forces? [Yes, na at unknown] (II yes, give war at dates of service)  16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
RTAN ssistan the c kind deat	No unknown	Carl J. Hahn 219 S. Bouldin St.
A R4 CTO.		AUSE OF DEATH
MPC his c so, i of an of an	DISEASE OR CONDITION DIRECTLY	CO PANCREAS ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE	LO- TANCREA S
R: ner o er. / cture pron	hearl failure, asthenia, etc. II means the disease, injury or complication which coused death.)	
ECTOR: examiner xaminer y A fractu N A fractu	ANTECEDENT CAUSES (B)	
xam xam cami A fr who reg	DISEASES OR CONDITIONS, if ony, giving	10
	rise to the obave cause (A) stating the (C) UNDERLYING CONDITION lost.	
L DIRI		
RAL DI medical medical burns; physicia an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ERAL DIR ef medical in medical of physicial cian was in	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNERA The chief may by a mee  2) Body bure the phy physician fore the re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJU	IN CEPTEVING CAUSES OF DEATH?
D oby	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimare City, give exact location)
	OR CONTRIBUTING CALLSE OF home form lectory	street, office bldg., INJURY OCCUR?
Q = ₹ = p	21D. πME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR	RED 21 F. HOW DID INJURY OCCUR?
ved b hosp natur ept v d (6)		Not While
	22. I certify that (I) (this haspital) attended the deceased fro	
000.00	that (I) (we) last sow the deceased alive an	
t be a tent of tent of tent of tent of eath) ust be	and haur and from the causes stated above. (1) (We) (did) (di	
ust be assed dent ospit deat	23A, SIGNATURE	23B, DATE SIGNED
5-25-0-	N. telley o M	D. Attending Med. Stolf Phys. Stolf
0 - 0 - 5 >	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
rificate y was r (1) An at ad prior	N. Pereuo	M.D. Mercy Hospital
certificat sody was sc. O.O.A. an ased pric	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Sod O.C. D.C.	Burial 4/14/65 Sacred Hear	t Cemetery p Baltimare, Maryland
This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRESS ADDRESS
F = 5 3 5 3		John G. Moran Las.
	VS 150-REV. 1/1/65	2000 C. Caltimbre Street



BALTIMORE	CITY	HEALTH	DEDA	DTAACNIT

RTH NO. 65.0540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered ALE CASE NO.  NAME OF DECEASED  12. DATE AND HOUR PRONOUNCED DEATH REGISTERED TO THE PRONOUNCED TO THE PRONOUNCED DEATH REGISTERED TO THE PRONOUNCED DEATH REGISTERED TO THE PRONOUNCED TO THE	No.
NAME OF DECEASED	
JOYCE MROZINSKI  2. Date and hour pronounced by April 6, 1965	7:30 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution is county)  8. COUNTY	nt rosidonco before odmission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RUE of the composition)	RAL and give township)
CHURCH HOME & HOSPITAL    D. STREET ADDRESS	03
	Under 1 Yr. If Under 24 Hrs. Donths Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work) 08, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote, or foreign country)  12.  12.  12.	CITIZEN OF WHAT COUNTRY?
JOHN MROZINSKI MARY JANE CATH	IANO
	DRESS
HO TOHN MROZINSKI	SAME
DISEASE OF CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Interstitial pneumonitis	
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. 11 moons the disease, injury or complication which caused death.)	
injuly of complication which coosed death.	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDIN	-
WAS PERFORMED IN CERTIFYING CAUSES OF	
Yes  Z1A, EXTERNAL CAUSE WAS  JUNDERLYING OR CONTRIB-  In Mono, lorn, loctory, street, office bldg.   INJURY OCCUR?	xocl locotion)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) WHILE AT NOT WHILE	
22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my a	ninlan
	]
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner	DATE CICHED
CHIEF MEDICAL EXAMINER	
	DATE SIGNED
ACTUAL SIGNATURE & ASSISTANT MEDICAL EXAMINER X  EXAMINER'S ASSOCIATE MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER	4-6-65
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER NAME (Type)  John E. Adams, M.D.	
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DOWN AME (Type)  John E. Adams, M.D.  3A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY OF CREMATORY 23D, LOCATION (City, Town EMOVAL (Specify) 41-7-6-5 140/4 ROSAR BRITAL CT	4-6-65  n, or county) (Stote)
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BALTIMORE CITY HEALTH DEPARTMENT

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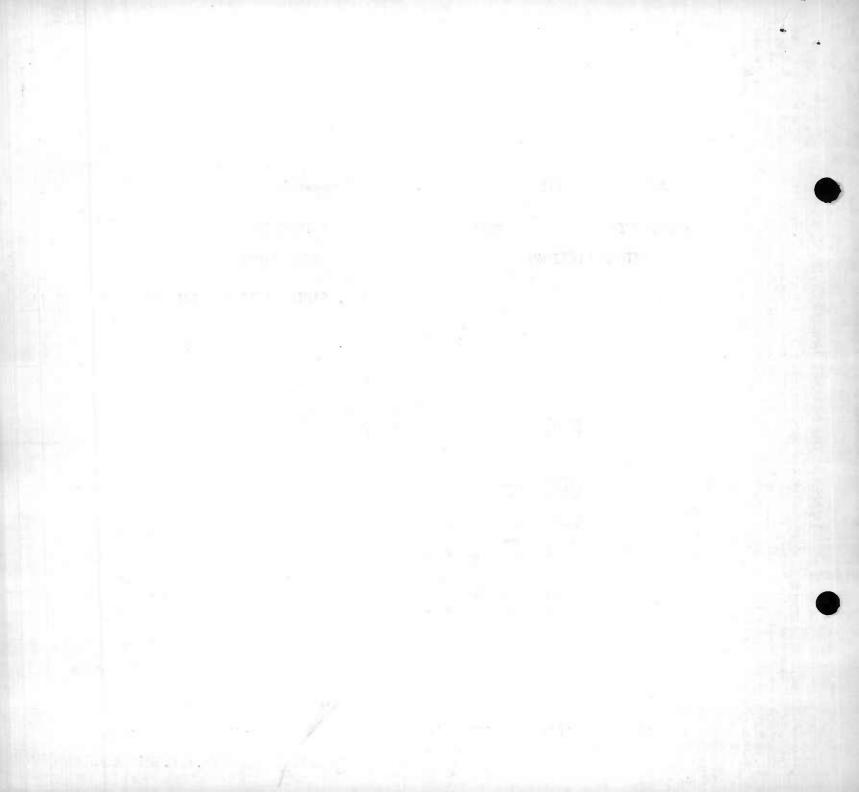
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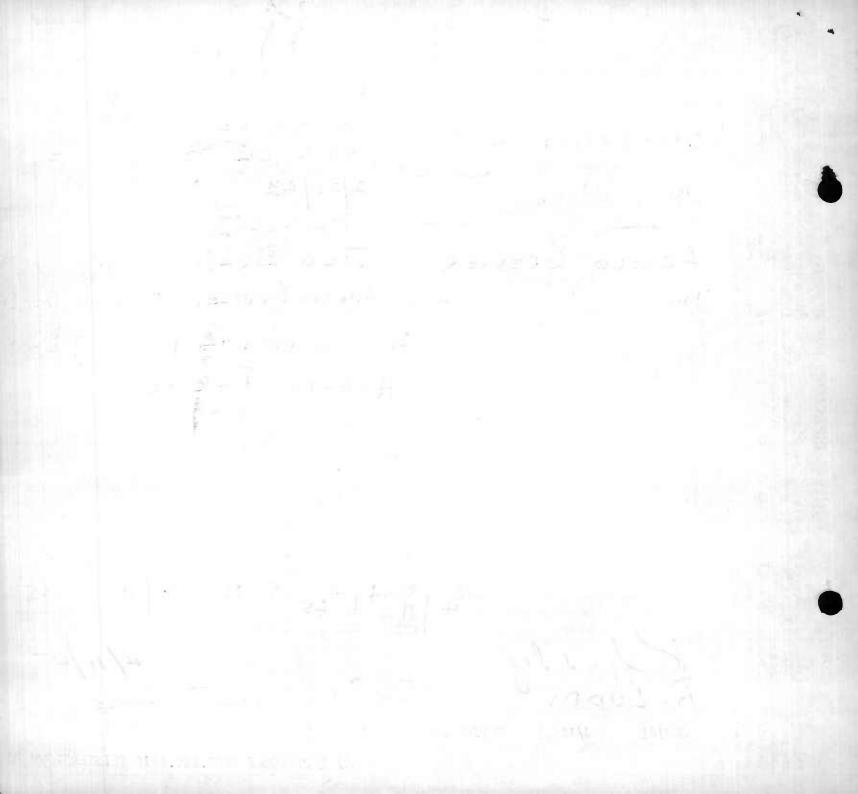
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Type or Pfintil  3. PLACE OF DEATH IN BALTIMORE, MARKLAND  4. USUAL RESIDENCE (Where decessed lived, if institution testidence below the country) of the country of the cou		E. CASE NO.	12 CERTIFICA	ATE OF DEATH Registered	
S. PLACE OF DEATH IN BEATTMORE, MARTHADD  FULL NAME OF (III not in hospital or institution, give sheet oddess or locetion)  FULL NAME OF (III not in hospital or institution, give sheet oddess or locetion)  FULL NAME OF (III not in hospital or institution, give sheet oddess or locetion)  FULL NAME OF (III not in hospital or institution, give sheet oddess or locetion)  FULL NAME OF (III not in hospital or institution, give sheet oddess or locetion)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or institution)  FULL NAME OF (III not in hospital or in hospital or institution)  FULL NAME OF (III not in hospital or in		pe or Print)	in M in	2. DATE AND HOUR OF DE	MATH 120
THE MAKE OF MARKED TO CONTINON DIRECTLY LEADING TO DEATH  S. SEC HITE  MODULATION  MARKED NIVER SERVICE  MODULATION  MARKED NIVER SERVICE  MODULATION  MARKED NIVER SERVICE  MODULATION  M	3. [	PLACE OF DEATH IN BALTIMORE, MARI		4. USUAL RESIDENCE (Where deceosed lived	If institution; residence before
HOSPITAL OR odders or locotion)  C. CITY OR TOWN If outside city limits, write EURAL and give nownesh MSTITUTION  D. STRIFT ADDRESS  If note, give location)  D. STRIFT ADDRESS  If note, give locations  D. STRIPT ADDRESS  If note, give locations  If note, give locations  D. STRIPT ADDRESS  If note, give locations  If note, give locations  D. STRIPT ADDRESS  If note, give locations  If note, give locations  If note, give locations  D. STRIPT ADDRESS  If note, give locations  If note, give locati	1	FULL NAME OF (If not in hospital or	r institution, give street		37-21
S. SER   R. RACE	H	HOSPITAL OR oddress or location)			write RURAL and give township
1. MARRIED, NEVER MARRIED   2. AAC   1. PART   1. Months   2. Married   2. Marrie	2	5.		D. STREET ADDRESS (If much give location	n)
1. SEX   1. ALE   HITE   1.		- Ina: Hugit	of of Balta line		
ARTIED  10. AUSIAL DOLLARION (Give had of weaking), KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Spore or foreign country)  11. BIRTHPLACE (Spore or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. PATHERS NAME  NATHAN KLOTZMAN  14. MOTHERS MAIDEN NAME  NATHAN KLOTZMAN  15. Web. Daccarded Ravin IU. S. Amed Farces?  16. SOCIAL  17. INFORMANT  ADDRESS  18. SADIE KLOTZMAN 2918 TANEY RD AP  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., beart folious ameson the mode of dying, e.g., beart folious constitution which coased death).  ANTECEDENT CAUSES  DISEASES OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., beart folious ameson the mode of dying, e.g., beart folious constitution with coased death).  ANTECEDENT CAUSES  DISEASES OR CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the obove cause (A) stelling to the Condition (S. if any, giving rise to the obove cause (A) stelling the UNDERLYING CONDITION (S. if any, giving rise to the ob	5. 5	SEX   6. RACE   7	MARRIED NEVER MARRIED		If Under 1 Yr., If Un Months: Doys Hours
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13. FATHERS NAME   NATHAN KLOTZMAN   14. MOTHERS MAIDEN NAME   ROSE JACOBS   NATHAN KLOTZMAN   15. West Decessed Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.   NRS. SADTE KLOTZMAN   2918 TANEY RD   AP			OB, KIND OF BUSINESS OR INDUSTRY	Y 11. BfRTHPLACE (State or foreign country)	WHAT COUNTRY?
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THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION  20.A. AUTOPSY? (Yes or No.)  20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21.B. PLACE OF INJURY(e.g., in or obout 21.C. WHERE DID  21.A. ACCIDENT WAS UNDERLYING  COR CONTRIBUTING CAUSE OF DEATH (notify medicol exomined)  21.B. PLACE OF INJURY(e.g., in or obout 21.C. WHERE DID  21.D. TIME OF INJURY (APPROX.)  21.B. PLACE OF INJURY OCCUR?  While AI Work  AI Work  AI Work  21.B. PLACE OF INJURY OCCUR?  While AI Work  AI Work  AI Work  AI Work  AI Work  22. I certify that (I) (this haspital) attended the deceased from 19 ond that in(my) (our) opinian death accurred and hour and from the causes stated above. (I) (Weldid) (did not) view the body after death.  23.S. SIGNATURE  M.D. Altending Med.  23.B. DATE SIGNED  24.B. BURIAL CREMATION, 24.B. DATE  24.B. DATE REC'D BY HEALTH DEFT. 25.B. NAME OF REGISTRAR  25.E. FUNERAL DIRECTOR  25.E. FUNERAL DIRECTOR  ADDRESS		rise to the obove cause (A) s UNDERLYING CONDITION lost,			
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21 A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  DEATH (notify medical examines)  21D. TIME OF INJURY (APPROX.)  221D. TIME OF INJURY (APPROX.)  221F. HOW DID INJURY OCCUR?  221F. HOW DID INJURY	TIFIC	19A. DATE OF OPERATION 19B. COND.	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DR CONTRIBUTING CAUSE OF DEATH (notify medical examine?)  Physicians  Physicians  Not While At Work  Not While At Work  At Work  Physicians  Not While At Work  Not Wh	CER	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Bol	timore City, give exact location
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED While At Work	AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bidg. INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from 1000 12 m 19 to 1000 14 m 19 to 1000 19 m 19		21D. TIME (Month) (Doy) (Yeot) OF INJURY			
thot (I) (we) lost saw the deceosed olive on 4 10 65 19 ond that in (my) (our) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Altending Med. Stoff Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  BURIAL 4/11/65 AITZ CHAIM  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS		(APPROX.)	Work At Work	· L. L.	, 420
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  BURIAL 4/11/65 AITZ CHAIM  BALTIMORE MARYLAND  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		23C. PHYSICIAN'S	An or by		1/10/42
BURIAL 4/11/65 AITZ CHAIM  BALTIMORE MARYLAND  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS		NAME (Type)	Felier M.D.	Levell and ?	of A Puldo
BURIAL 4/11/65 AITZ CHAIM BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS		1 1 1 pho one		Milliam Inchila	VI I III I
		L BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CI	REMATORY 24D. LOCATION	(City, town, or county)
		BURIAL 4/11/65	AITZ CHAIM	BALTIMORE	MARYLAND

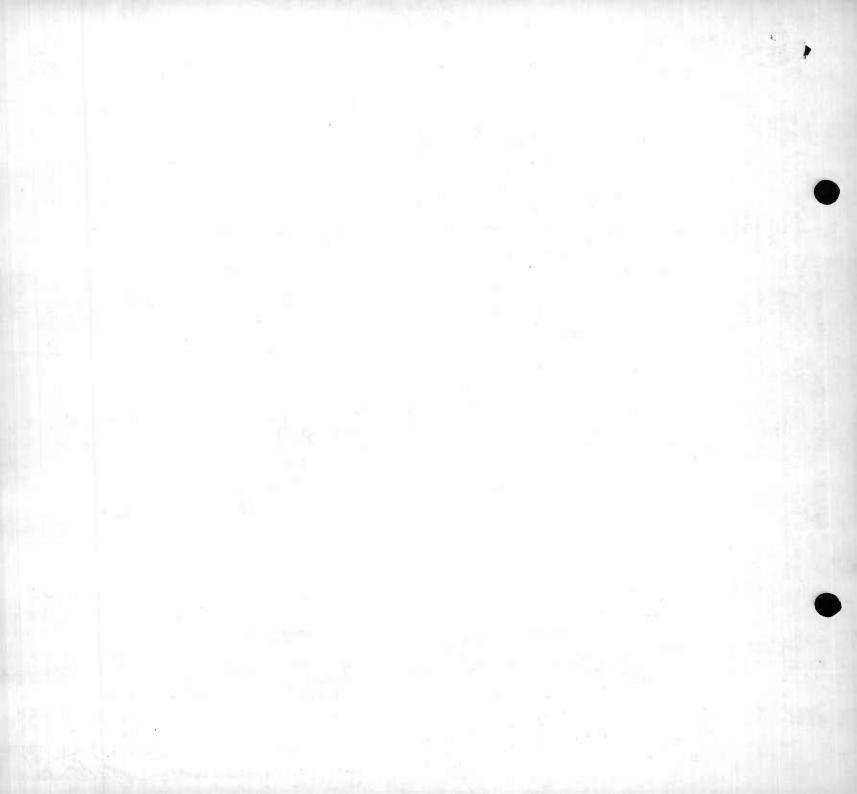


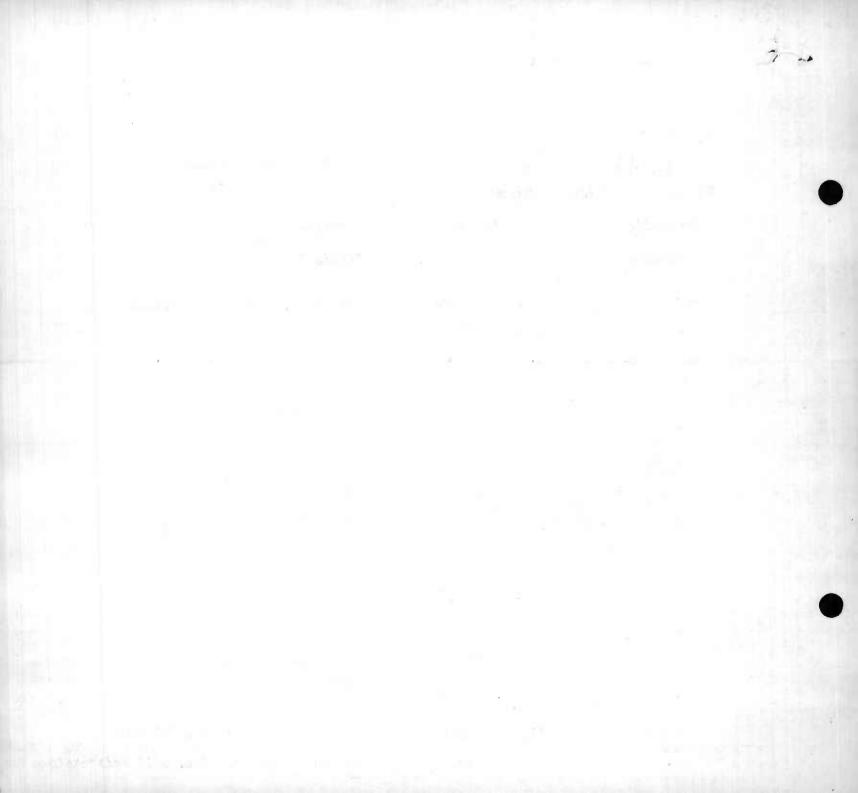


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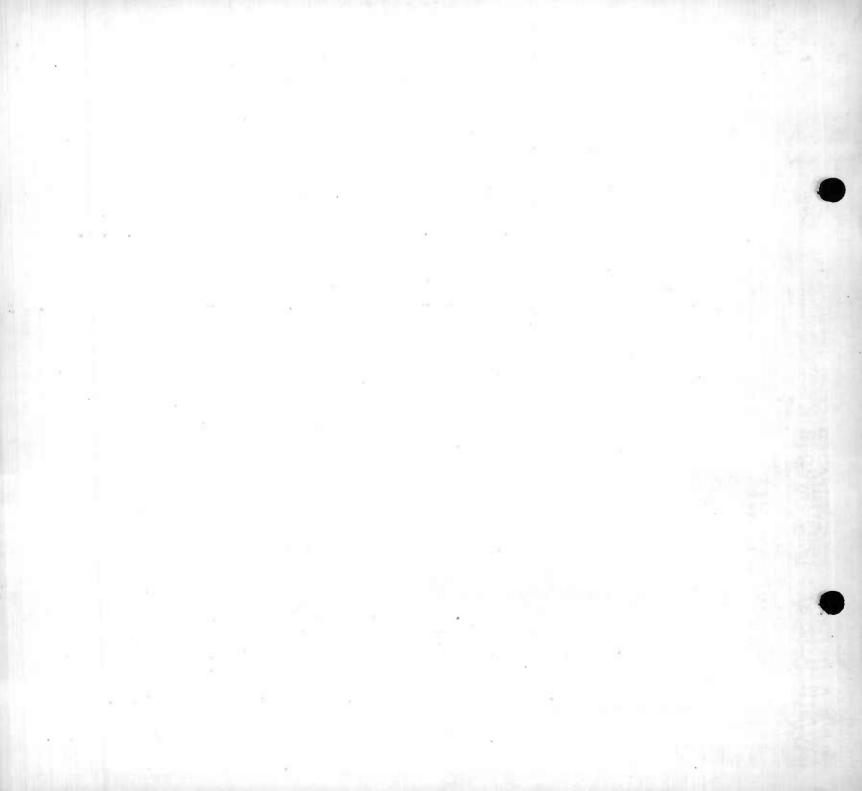
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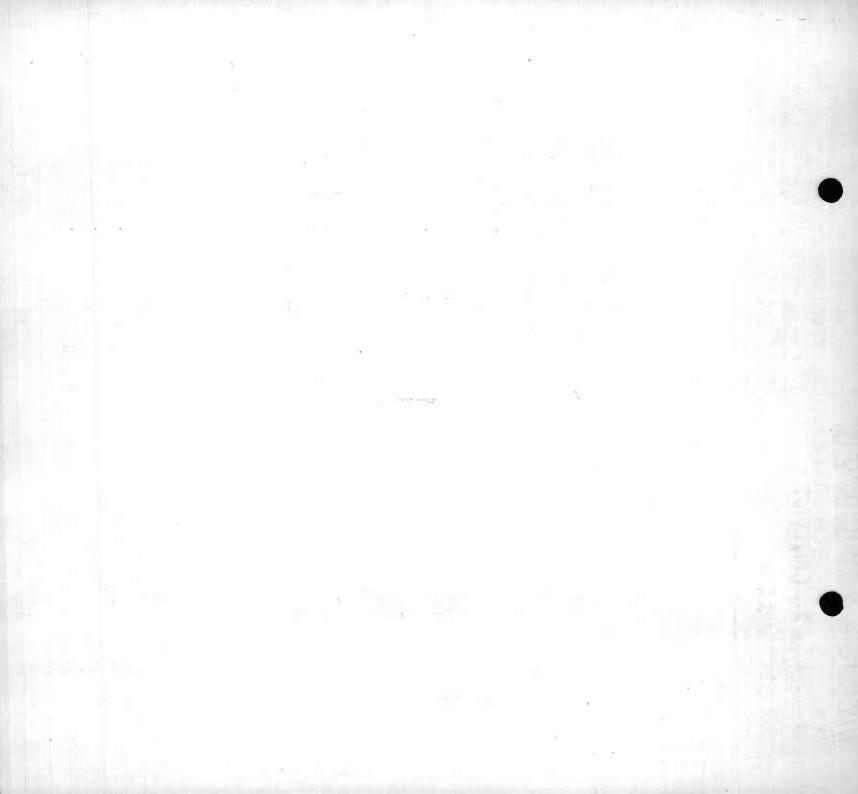
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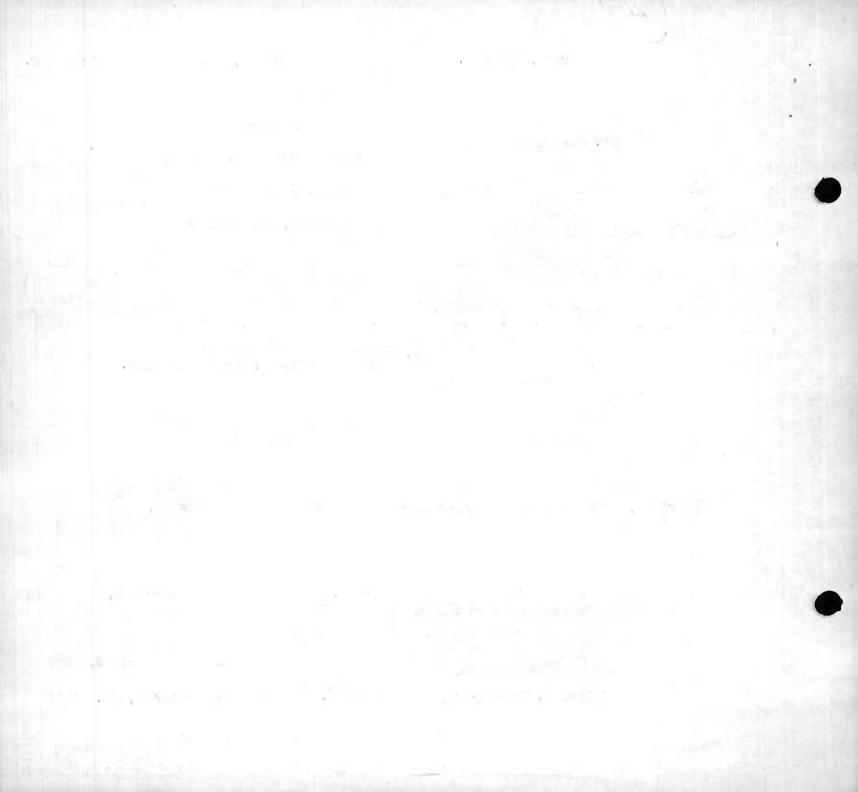


		11 2 2	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	65	3917	CERTIFICA	TE OF DEATH	Registered Na.	00 30 21
NAME OF DE				2. DATE AN	D HOUR OF DEATH	
Type of Tillin	Michael	. Rychla	k	April	11, 1965	7:55 p.
PLACE OF D	EATH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, If i	nstitution: residence before admissio
FULL NAME			give street	Maryland	1-04	
INSTITUTION	0001000 01 100011			C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
	ise In The Pin 77 Belair Road		ing Home	D. STREET ADDRESS (IF	rurol, give location)	
	TOTALL 16000			2143 Cambrid	ge Street	
. SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 He Months! Doys Hours! Min.
Male	White	MIDOME	D, DIVORCED (specify)	Con+ 20 1002	lost birthdoy)	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY	Sent. 28, 1892	ion country)	12. CITIZEN OF
	of working life, even if retired)				igii coomiy,	WHAT COUNTRY?
Labore	r.	Beth.	Steel Co.	Poland		TT C A
FATHER'S NA		1200,110	70001 00	14. MOTHERS MAIDEN NA	ME	U. S. II.
	bastian Rychl			Anna Prohla	alt	
. Was Decease	ed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	vn) (If yes, give wor or do	les of service)	SECURITY NO.			
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(This does	nat mean the made a	f dvina. e.a.	DUE TO	<i>Q</i>	Jane	1-27
heart failure	e, asthenia, etc. II mean	s the disease				0
injury or co	amplication which cause	d death.)	17	-0		121
	ANTECEDENT CAUSE	S	(B) 344	-pc	***************	100 Deglad
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	OR CONDITIONS, if the abave cause (A)			luis / 1 = h.	F. Galil	ah a n
	NG CONDITION last.	stating in	(0)	with on		
TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO TI				
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H ITAL DATE C		REPORMED	WHICH OPERATION	ZUA. AUTOPST? (Tes of No	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRI	BUTING CAUSE OF	21 hos	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.)	fice bldg., INJURY OCCUR?	(If in Boltimo	e City, give exact location)
OF INJURY	(Month) (Doy) (Yeor	(Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJ	UIBY OCCUPS	
OF INJURY	(Monini) (Doy) (Teor				OKY OCCOR!	
(APPROX)			hile At Not While ork At Work	e		
00 (						4/11
22. I certif	y that (I) (this haspite	al) attended	the deceased from	7/10	19 6 / to	7 /// 196/
that (1) (we	e) last saw the deceas	ed alive an.	4/	// 19.6 and th	nat In (my) (aur) ap	Inian death accurred on the do
			. , .		,. (,	
		ated above.	(1) (# <del>e)</del> (did) (dld not) v	lew the bady after death.		
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226 200	1000	meny	Phy		Phys.	7//2/61
23C. PHYSICI NAME	(Type)	0		23D. ADDRESS		
	Albert B.	Bradley	M.D.	4900 Belia r	Road Balti	more, Md.
4A. BURIAL CE		1240	AAAE AL CEAAETERY CO			
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5A. DATE REC'		25B. NAME	Stanislaus Ce	25C. FUNERAL DIRECTOR		t, B altimore, Nd.
A CAP 4	D VI HEAVIN DEFI.	1 CANTE	/ L' C	25C. FORERAL DIRECTO	Menged	Weller
APR 1	1985 120 1	HIC IC.	P. 43	U George AWe	er 705 Sout	h Ann Street
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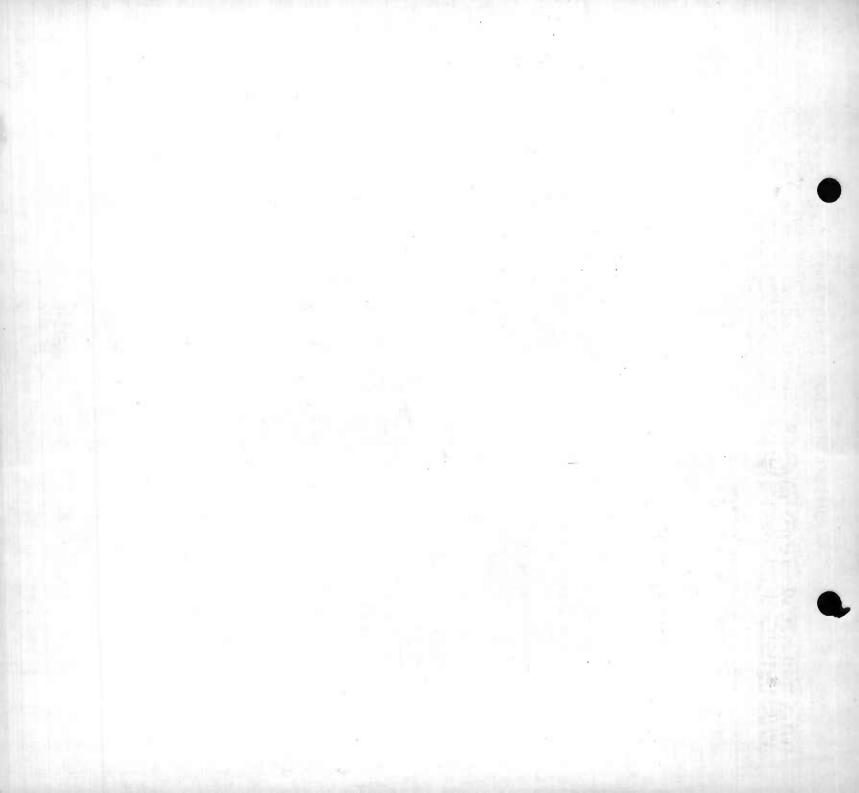




VS 150-REV. 1/1/65



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HOSPITAL OR	oddress or lo	cotion)	1 +1	C. CITY OR TOWN (If ou	tside city limits, write l	RURAL ond give	township)
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U.	0,0,0		, ,	D. STREET ADDRESS (IF	rurol, give location)		
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3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
6	1	41	)				
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/18. 00	211		CAUSE	OF DEATH		1141616	AL BETWEEN
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FUNERAL DIRECTOR: IMPORTANT

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M.E. CASE NO.			egistered No	65 3921
	4, Villar	2, DATE AND HO	NIR OF DEATH	
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. PEACE OF BEATH IN PACIFICACE MARIEAND		A. STATE B. COUNTY	adsed Head. II Instituti	off: lesidence pelore odmissio
FULL NAME OF (If not in hospital or institu	ution, give street	MARYLAND	d	102
HOSPITAL OR oddress or location)	. /		city limits, write RURA	L and give township)
UNION memorial Ho.	spelal	BALTIMORE		
CANON MEMORIE	/	D. STREET ADDRESS (If rurol,	give location)	
BALTIMORE, MARYLA	NO	4500 ARABIA	AUENUE	
SEX 6. RACE ^ 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH / 9. AG	E (In years If	Under 1 Yr. , If Under 24 H
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OA USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or foreign co	untry) 12	CITIZEN OF
one during most of working life, even if retired)		- 1/	1 1	WHAT COUNTRY?
HOUSEWIFE		BALTIMORE MA	RYLAND (	inited STATE
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
FREDERICK KRUMF	2611)	Augusta I.	Hunter	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	11010101	ADDRESS
es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.		•	0.0
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BIRTH NO. 65 392 MED	ICAL EXAMINER'S	CERTIFICATE OF I	DEATH Registered N	lo
M.E. CASE NO.  1. NAME OF DECEASED			HOUR PRONOUNCED DE	
(Type or Print)	DELI DATIEV	4-12		
3. PLACE IN BALTIMORE, MARYLAND, W	DELL BAILEY HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institutions	1:10 A <sub>M</sub> .
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	B. COUNTY  corporate limits, write RUR	AL and give township)
INSTITUTION		Baltimore	8-	06
PROVIDENT HOS	PITAL	D. STREET ADDRESS (If rurol, 1732 N. Dallas		.3
5. SEX 6. RACE Male Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Never married	B. DATE OF BIRTH Aug. 15, 1936	9. AGE (In years lift Mor	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/10.1001/1
10A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)  Laborer  13. FATHER'S NAME			yland	U.S.A.
		14. MOTHER'S MAIDEN NAMI		
Ralph Bailey	FORCES? 116, SOCIAL	17. INFORMANT	ADE	DRESS
(Yes, no or unknown) (If yes, give wor or dole	s of service) SECURITY NO.	Mrs. Beulah Fr	ancis 1732 N.	Dallas St.
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ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  ZID TIME (Month) (Doy) (Yeo	21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  Street  21E, PLACE OF INJURY (e.g. home, foctory, street, etc.)		In front of 153	66 N. Fulton Ave
(APPROX.) 4 12 '6		WHILE X Stabbed in	back with but	cher knife
I certify that I held on I resulted fram: Notural call ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W.	uses Accident Suic		AMINER	DATE SIGNED 4-12-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETER		OCATION (City, town,	
Burial April			Baltimore, Ma	
APR 13 1965 R.C.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR Marshall W. J	ones, Jr. Fune	ral Home
VS 151-REV. 1/1/65		0 0	OTIEN CCAL	Tu Avenue

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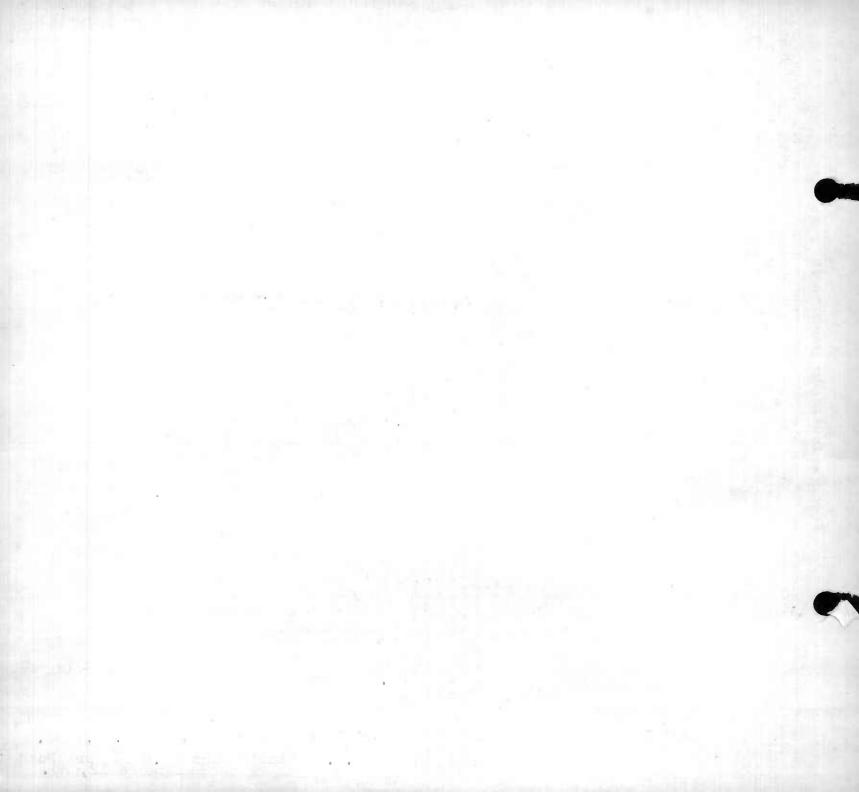
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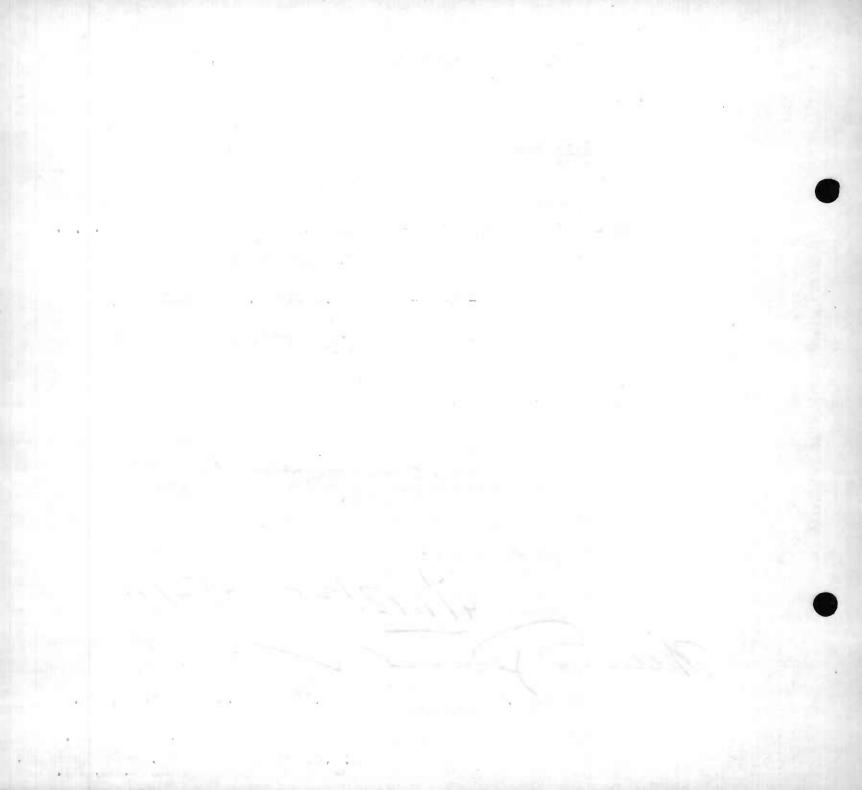
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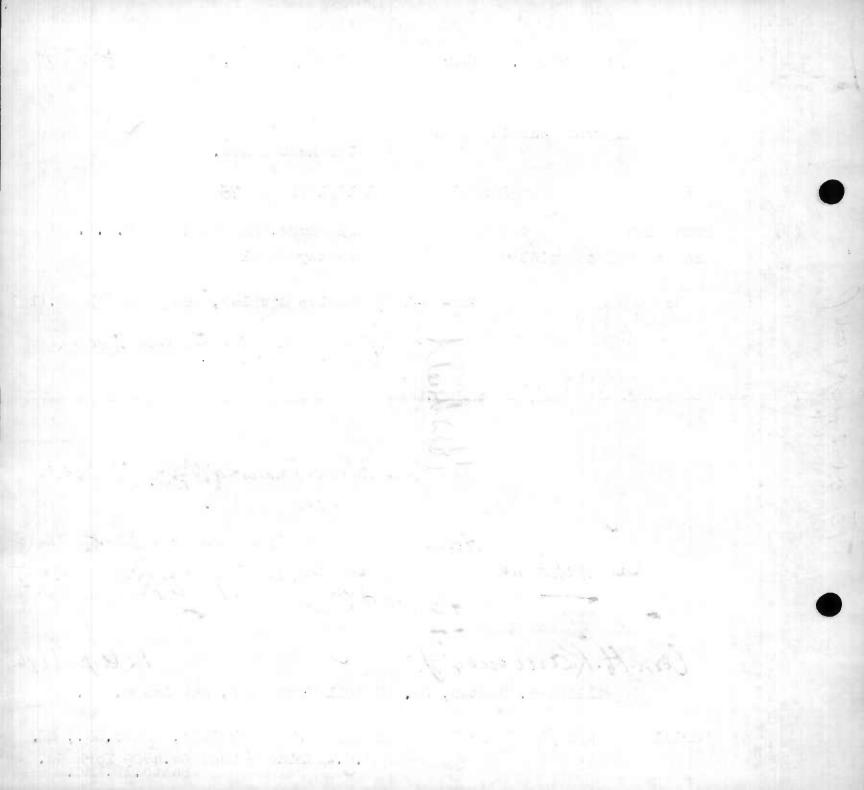
BIRTH I	10.	65 3	3924	CERTIFIC				. 65	3924
1. NAM	ASE NO.	D				DATE	AND HOUR OF DEAT	тн	5-1-
	CE OF DEATH	IN BALTIMORE, MAR	E/12A	BETH K	A. USUAL	L RESIDENCE (V	H-11-6 Where doceased lived. II	f institution; residen	7 P.M.
HOS	NAME OF	(If not in haspital a addrass or location	or institution,	give streat	11 (3		ND foutside city limits, write	te RURAL ond give	o township)
4,	h/in al	MEMORI	AL	(LOSPITAL	D. STREE	ADDRESS	ORE (If rural, give location) NRIDGE	Cour	T
o. SEX	6- R	ACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE C	F BIRTH	9. AGE (In years		r. If Under 24 Hrs. Hours Min.
dane du	ring mast of warking	ng life, even if retired)		BUSINESS OR INDUS	TRY 11. BIRTH	PLACE (State or			OF COUNTRY?
13. FAT	Pach HERS NAME		1000	722770	14. MOTH	LRYCF,	NAME		
5. Was	MIL Deceased Ever	in U. S. Armed Ford	172	1 6. SOCIAL	E11	2-9 MANT	ANN Sh UNION F	pley	DRESS
NO.	ar unknown) (If y	as, giva wor ar dotes	s of sorvico)	3/4-03-28	25 che	ART-	UNIONF	1emoria	+ HOSP
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	ury or complice	olion which caused			ot.	ine ou	Jaky		
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S 10	THE DEATH	II  NT CONDITIONS CO H BUT NOT RELA IDITION CAUSING IT	TED TO TH						
	-DATE OF OPE	RATION 198. CONT	ORMED	WHICH OPERATION	20A.A	UTOPSY? (Yes o	No) 208. IF YES, WEI	RE FINDINGS CON	ISIDERED
U 21/	A. ACCIDENT V	AS UNDERLYING	218	PLACE OF INJURY (o.	g., in ar about	TO O	D (If in Baltin	nore City, give exc	oct location)
	CONTRIBUTING ATH (notify mad		hon atc.	ne, form, foctory, strae	, affice bldg.,	INJURY OCCUR	CC .		
0 210	TIME (Mo	onth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED		21F. HOW DID	INJURY OCCUR?		71271
	PPROX.)		Wh	ile At At W	While ark				
22.	I certify that	(this haspital)	attended t	he deceased fram	4	-10	19 65 ta	Y-11	19 65.
the	it 🕅 (we) last	saw the decease	d alive an	t - /	19.	65 and	d that in (may) (aur) o	apinian death ac	curred an the date
		m the causes state	ed abave. (	1) (Wirk(did) (did_no	+) view the b	ady after dea	th.		
23 4	SIGNATURE	<1		M.D.	Attending	Mod.	Stoff Ca	23B. DATE SIG	_
230	LAW WA	nce J.h	uber	way,	Phys. 23D. ADDR	Med. Director	Stoff Phys.	7-	11-65
250	NAME (Type)	0	DEDMAN	, ,			ial Hosp.,	Bal to	. bM
24A. BI	LAWRENG	ION, 248. DATE	BERMAN 24C. N	AME of CEMETERY of				(City, town, or cou	
RI	emoval (Specie arial	fy)		w Cathedr	el Cem		Bel+imone		ма
	ATE REC'D BY		258. NAME	OF REGISTRAR	25C. F	UNERAL DIRECT	TOR SONG	Co hon	Md. 5 York Ros
Al	K 13 19	165 R.C. B	8.9Fa	Deutil O D	0 3	M COURT	ns & Sons BE	altimore	12, Md.

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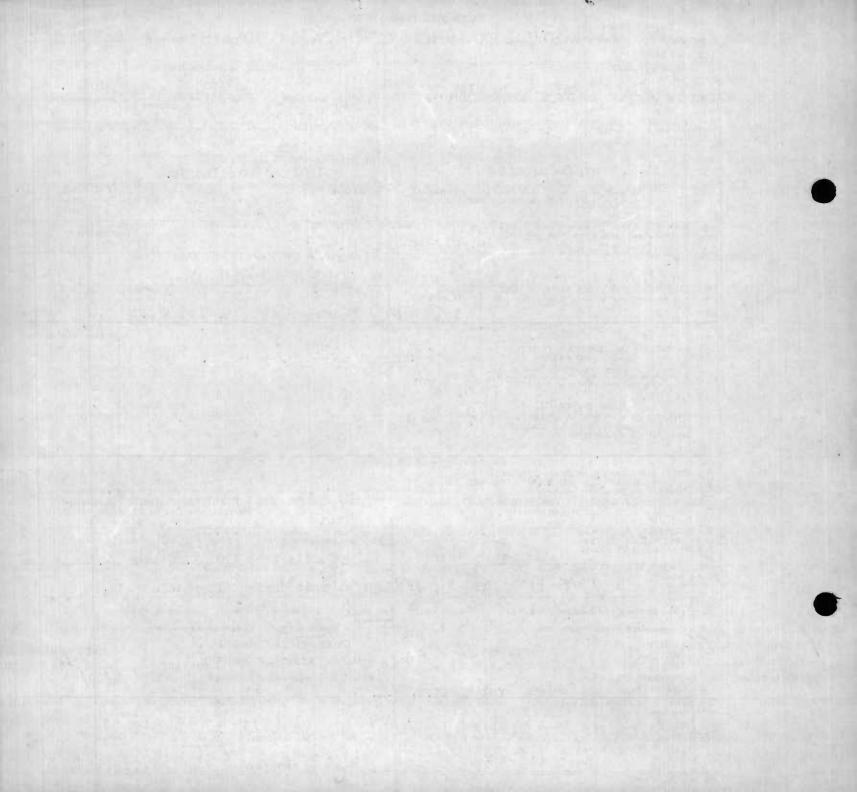


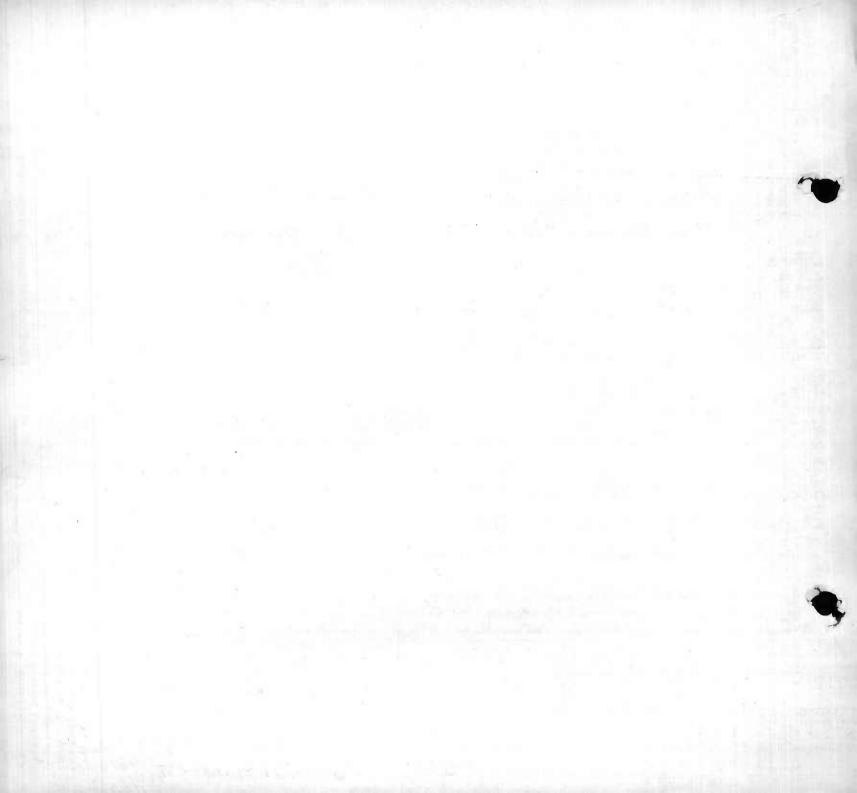


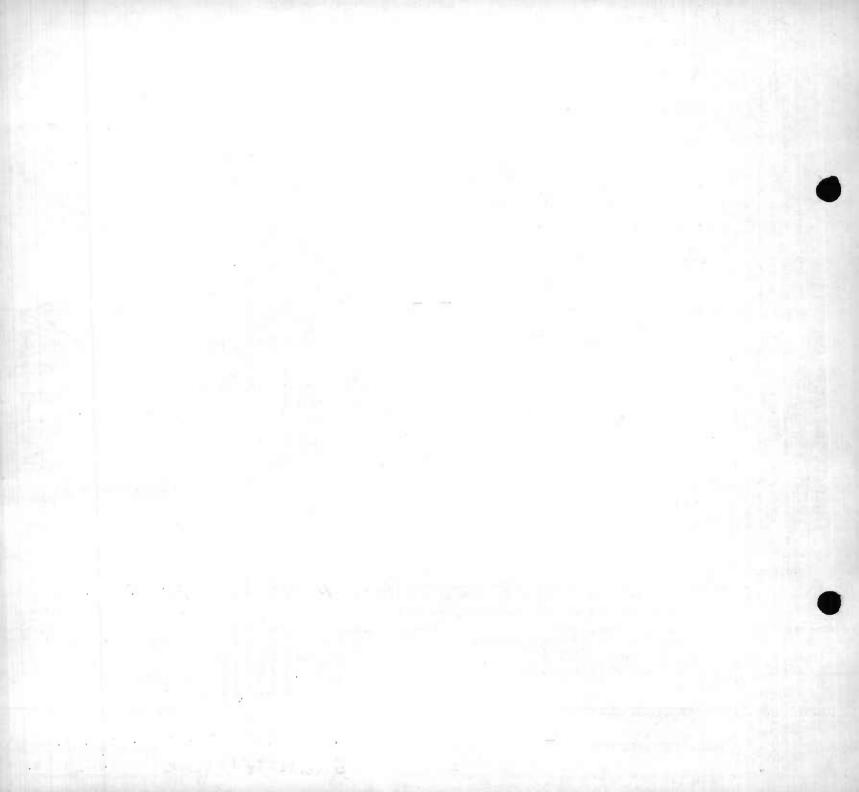


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BIRTH NO.	O SECOMED	ICAL EX	AMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	red No.	Jan
M.E. CASE N					T			
1. NAME OF	DECEASED	-			2. DATE AN	D HOUR PRONOUNCE		
3. PLACE IN	AKNY HARRY BALTIMORE MARYLAND, V		KTNS INCED DEAD	A USUAL RESID	FNCE (Where	deceased lived. If insti	5:05 p	17.11
eff.	F		A. STATE Maryland  Maryland					
HOSPITAL OR	OF (IF NOT IN HOSPI' ADDRESS OR LOC	TON, GIVE STREET	C. CITY OR TOWN (II outside carparate limits, write RURAL and give township)					
NOITUTITZNI	1		Baltimore 8-07					
	04 2 7 1 77		D. STREET ADD		give location)	0 0		
	St. Joseph Hos	pital		140	01 N. C	aroline St.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	H	9. AGE (In years	Manths Doys Hour	
male	colored	WIDO WED, E	Si V O KCLO (Specify)	9-22	·-194	lost birthday		
	CCUPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. SIRTHPLACE	State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY	2
FOOd	st of working life, even if retired)	JOHN H	OPKIN HOSP.	Md			U,S,A,	
13. FATHER'S			VIIII I	14. MOTHER'S M	AIDEN NAM	E		
140	R MAN HA	AWKINS		HELE	NB	11-LIAM		
	EASED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
NA			212-42-8865	NORIMAN	HAW	KINS 144 S	5. HILTON	
18.	0 5 1 X		100 1	OF DEATH	11/31/	Allio I I V	INTERVAL	
DI	SEASE OR CONDITION D	DIRECTI V					ONSET AN	D DEATH
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I IIII O	complication which coosed	oediii.)						
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는 DISEAS	E OR CONDITION CAUSIN	G IT.	******************		0		***************************************	
S 19A, DATI		NDITION FOR \ RFORMED	WHICH OPERATION	20 A. AUTOPSY	? (Yes ar Na)	IN CERTIFYING CAUS		
	RNAL CAUSE WAS	218	OLACE OF INITIAL	yes	VHERE DID	yes		
O UNDERLYI	NGOOR CONTRIB-	home,	PLACE OF INJURY (e.g., form, factory, street, c	ffice bldg., INJURY	OCCUR?	ut in Baltimare City, gi	ve exoct locotion)	
7		etc.)	bar	Dell	is Bar	1901 E. O.	iver St.	
OF INJUR	Υ 1 - (-1		1E. INJURY OCCURRED	21F. H	DW DID INJU	JRY OCCUR?		
(APPROX.)	4 9 65	4:30p m. V	VHILE AT NOT	ORK Sho	t durin	ng altercati	on	
22.	certify that I held an	Inquiry	Inspection Aut	opsy 🐨 one	that on thi	is bosis, death in m	ıv opinian	
	esulted from: Natural co		coldent Sujelid			Indetermined monne		
	1/	,	Soleton Soleton		EDICAL EX			
	UAL /	not	11.	ASSISTANT M			DATES	IGNED
	HATURE /	D WYC	CO A C M.D.	ASSOCIATE M			1./20/65	
	MINER'S / Rudi	ger Brei	tenecker M.I	ASSOCIATE M	EDICAL L	AMINER _	4/10/65	,
23A. BURIAL	CREMATION, 238 DATE	230	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, or county)	(State)
REMOVAL (SP	111 4-15	-65	MT CALVAR	Y	1	10.00	IINIV	
24A. DATE RE	C'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	1111 00	ADDRESS	
APR	13 1005 12	BB Fr	Oce Mall	JACE	DU V	11641 117	au part	
		N CINI		MASE	rn, N	V1011 163	IN, DROAGY	YAY
VS 151-REV.	1/1/65	7		0	0 0			1







IMPORTANT

DIRECTOR:

FUNERAL

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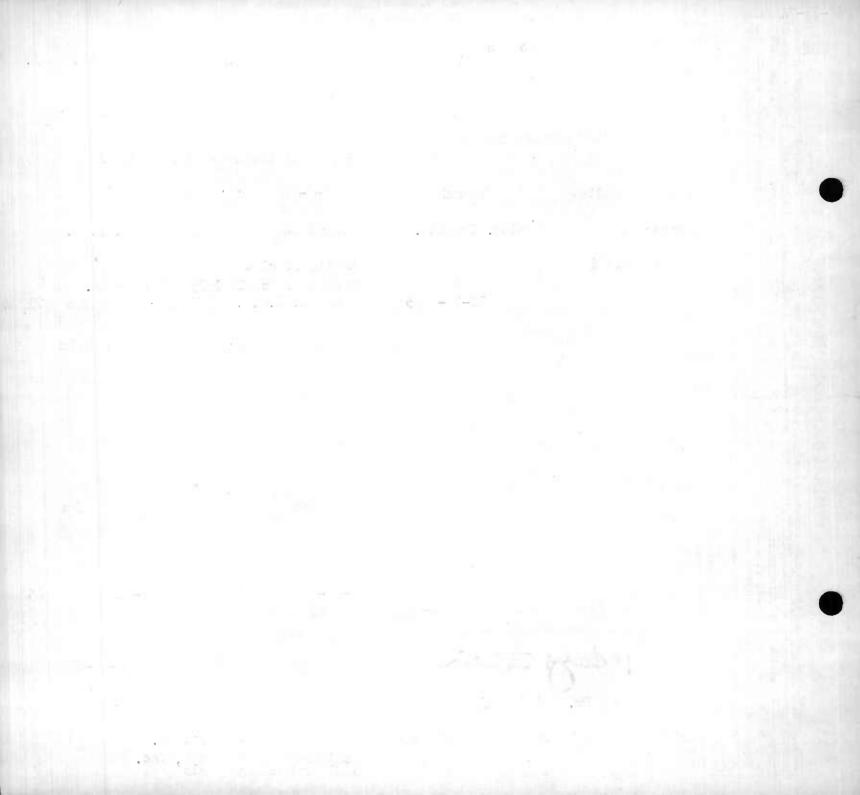
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05 000	BALTIMORE CITY	HEALTH DEPARTMENT	0.00
витн но. 65 393	CERTIFICA	TE OF DEATH Registered No.	-65 - 3934
M.E. CASE NO.	CERTIFICA		
Type or Print)	1. Achuch	2. DATE AND HOUR OF DEATH	. april 12,196;
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	D	4. USUAL RESIDENCE (Where deceased lived. If in:	stitution: jesidence before admission
FULL NAME OF (If not in haspital or insti-	tutian, give street	Maryland	26-02
INSTITUTION	111 41	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
Maryland Denera	Mospilal	D. STREET ADDRESS (If rurol, give location)	
//auguste-/		5629 Frankford (	we. #21206
	Married, NEVER MARRIED DOWED, DIVORCED (specify)  Married	B. DATE OF BIRTH  9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind al wark 108, KI	//	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	oft Candy	Battimore, Md.	What country?
3. FATHER'S NAME	- 1/1	14. MOTHER'S MAIDEN NAME	,()
Henry Aula	- Nee:	Omma Jones -	Nec.
5. Was Deceased Ever in V. S. Armed Farces? Yes, no or unknawn) (II yes, give war or dates af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	218-12-2330	Gerard W. Schuch above -	husband
18. 4 20 1		F DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	11	1 6 + - P	ONSET AND DEATH
LEADING TO DEATH	(A) HTE	dectatie Pneumonia	, 20 days.
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the di	e.g., DUE TO		U
injury or complication which coused death,	m.	ocasdial Infaction	
ANTECEDENT CAUSES	(8) //(9)	rocasarac onfriención	
DISEASES OR CONDITIONS, if ony,			
tise to the above couse (A) stoling	g lhe (C)		
OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i hame, larm, factory, street, a	n or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natily medical examinet)	hame, larm, factory, street, a	lfice bldg. INJURY OCCUR?	
O 21 D. TIME (Manth) (Day) (Year) (Hau	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S OF INJURY	While At   Not Whi		
(APPROX)	Wark At Work		
22. I certify that (I) (this haspital) otter	nded the deceased from	Apr. 4 19 6 5 10 APT.	12 19.65
that (I) (we) lost saw the deceased oliv	e on 12 pm Apr.	2 19 65 ond that in (my) (our) opin	nion death occurred on the do
ond hour and from the couses stoted ali			
23A. SIGNATURE		•	238, DATE SIGNED
V 1. 1	M.D. Att	ending Med. Stoff	1
Moungho M. Cyn.		ending Med. Stoff Phys. 23D. ADDRESS	Apr. 12, 65
NAME, (Lype)	p ,	811 9 / //	1 1
KYOUNGHO M.	YNN M.D.	Md. General Hosp	ital.
24A. BURIAL CLEMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		ly, lown, or caunly) (State)
Burial 4/14/65	Parkwood Cemeter	y Baltimore, Md	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C KUNERAL PLREGIOR - 1 Hama	Tno ADDRESS
APR 1 3 1985 00 8 0	Follows on	3331 Anchor Funeral Home,	Inc.
UNTO DUE (I. No. V) (C.	ACCOUNT II	3 4 4 0 "	

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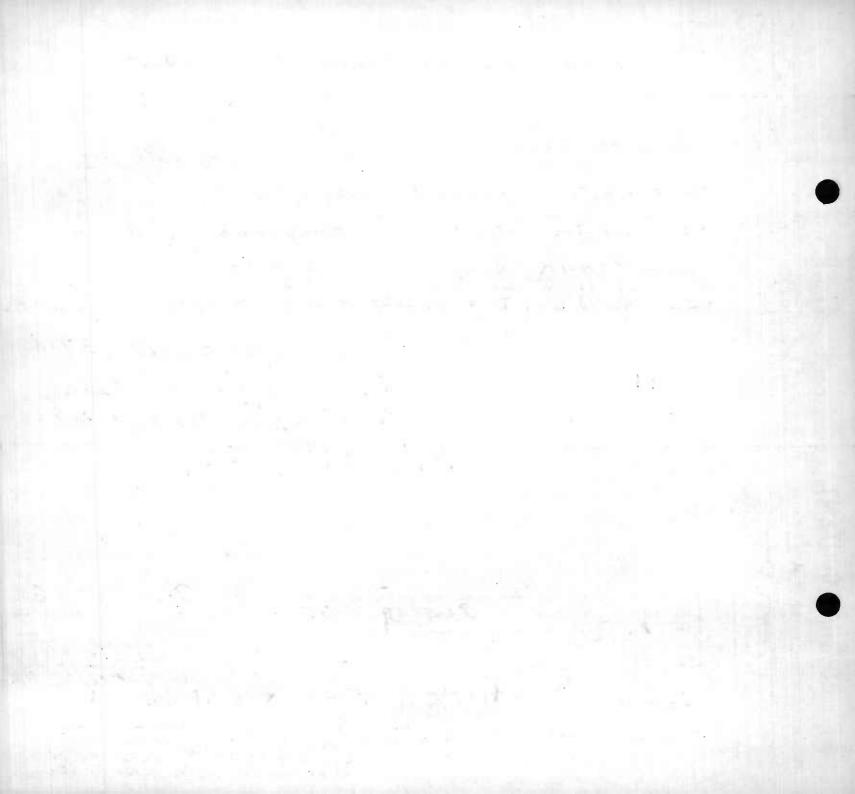
VS 150-REV. 1/1/65

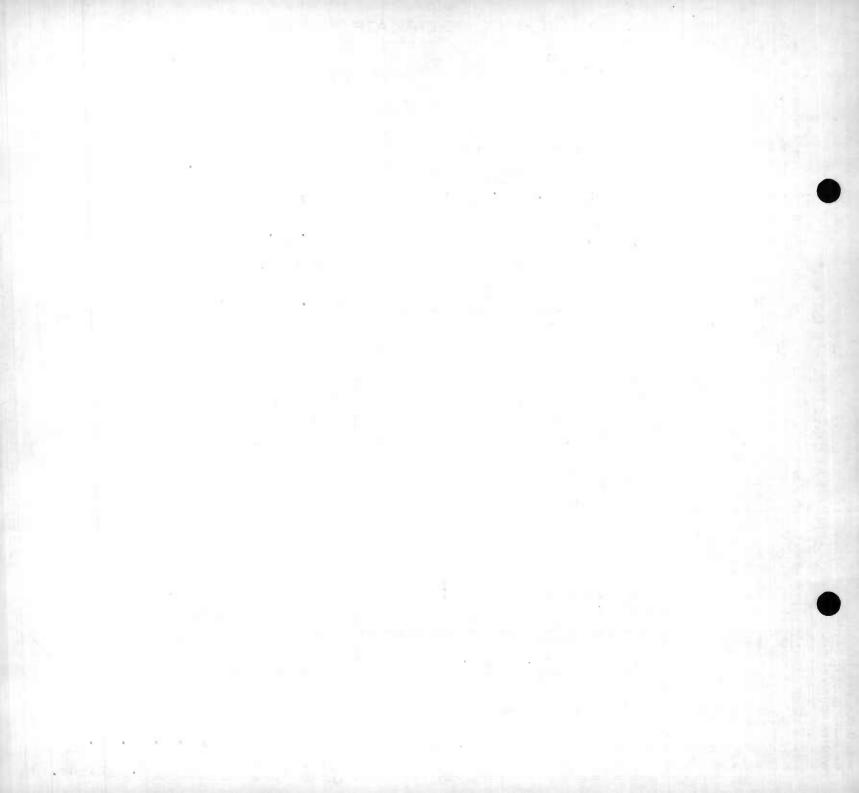
EXECUTE LATER

VS 150-REV. 1/1/65

			NORE CITY HEALTH	DEPARTMENT			
BIRTH NO.	65 3	936 CER	TIFICATE OF	DEATH	Registered No.	-65	3936
M.E. CASE NO.	CEACED	9211			D HOUR OF DEATH		
Type or Print)	and the second	VE WAGLIE			L 10, 1965		7 am
	SIGN						
S. PLACE OF D	EATH IN BALTIMORE, MA	ARTLAND	A. STATE	B. COUN	e deceased lived. If i	nstitution: reside	nce before odmission
FULL NAME	OF (If not in hospital	or institution, give street	Ma	ryland	( =	-//	
HOSPITAL OF					side city limits, write	RURAL and giv	e township)
N31110110N				ltimore			
5			D. STREET	ADDRESS (II r	urol, give focation)		
901	nns Hopkins Ho	ospital	22	7 North Ker	nwood Avenu	ie #23	
- SEX	6. RACE	7. MARRIED, NEVER MARE	RIED 8. DATE O		AGE (In years	If Under 1 1	fr. If Under 24 Hrs
emale	white	widowed Divorced	Oct.	10, 1884	ost birthdoy)		
	CUPATION (Give kind of wor of working life, even il retired)	1 10 B. KIND OF BUSINESS OF	INDUSTRY 11. BIRTH	LACE (State or foreign	gn country)	12, CITIZEN	OF COUNTRY?
Practica		61.70	No	rway		U.S.	
3. FATHER'S NA				ER'S MAIDEN NAN	AE		
		control of the contro					
Unknown	Nil	sen		known			
5. Was Decease	nd Ever in U. S. Armed Fo	rces? 16. SOCIAL	NO. 17. INFOR	WANT		AD	DRESS
,	, , , , , , , , , , , , , , , , , , , ,	3,200		n Waglie 7	938 Eastdal	le Road	#24 - son
18. //	0 0 1:		CAUSE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RVAL BETWEEN
DISEASES rise to the UNDERLYIN  OTHER SIGITOTION  OTHER SIGITOTION	nat mean the made at a, osthenia, etc. It means omplication which causes of the course	contributing at the discose, d deoth.)  sony, giving stating the contribution of the lit.  21B. PLACE OF IN home, form, foctor etc.]	IJURY (e.g., in or obout 2 ry, street, office bldg.,	UTOPSY? (Yes or No.	(If in Boltimo	FINDINGS CO AUSES OF DEA	
OF INJURY (APPROX.)		While At Work	Not While At Work		10	-, 0	
that (1) (we	e) lost saw the deceas		4 19.		of in (my) Your op	inion death o	ccurred on the dat
		ated obove. (1) (We) (did)	(dld nat) view the b	ody after death.	V		
23A. SIGNAT	Eller &	Tekor	M.D. Attending Phys.	Med. Director	Stoff Phys.	23B, DATE SI	( 19 19)
23C PHYSIC		7	23D. ADDR			11	1//
NAME		6	/ M.D. 202	O M-773	on Charte	27205	
	r. Albert Sik		27.	9 McElderr	V	21205	
4A. BURIAL CE REMOVAL	REMATION, 24B. DATE (Specify)	24C, NAME of CEME	TERY OF CREMATORY	24D. LC	OCATION (C	ity, town, or co	unty) (Stote)
Burial	4/13/6	5 Oak Lawn C	eneterv	Be ?	timore, Md	100	
SA. DATE REC		25B. NAME OF REGISTRAR	25C. F	UNERAL DIRECTOR	eral Home	-	ADDRESS
APR 13	1965 R. O. S	B. Farling	0 0 1260	1-03-05 E	Madison S	treet	

	200	BALTIMORE CITY HEALTH DEPARTMENT 65 3937
-	2502	CERTIFICATE OF DEATH Registered No.
	an eat ase th th	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  (Type or Print)
	F 00 C -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased fixed, If institution: residence before admission)
	Spi Ce Ce	A. STATE B. COUNTY
	de de de	FULL NAME OF (If not in haspitol or institution, give street ADSPITAL OR address ar lacation)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	ca Se Jse to	BALTIMORE
	E C C C C C C C C C C C C C C C C C C C	SINAI HOSPITAL D. STREET ADDRESS (Il rural, give location)
	ar and	3729 PARK HEIGHTS AUE  S. SEX   G. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 YG., If Under 24 Hrs.
	trib min gul sed	S. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  MALE  White  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Months: Days Hours Min.  MARRIED, NEVER MARRIED White  7. MARRIED, NEVER MARRIED Whomps: A comparison of the comparison of t
	o h con re- re-	tOA. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTH/LACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?
	ri inde	BILL POLLECTOR UTILITIES MARYLAND U.S.A.
	t d	13. FATHER'S NAME
5	disp	HAANK DONES EMMA. ?
A	istar he c kind deat deat ce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na arunknawn) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
RI	SSis Sistemanda A d A d A d A d A d A d A d A d A d A d	VES WORLD WAR I 212-05-5527 ANNA DONES 3729 PARK HEIGHTS AL
9	is an an an and an and an and an and an	DISEASE OR CONDITION DIRECTLY
2	Also Also our ned	LEADING TO DEATH (A) The bounded on sulfain 3 flag
	ron ron	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Ö	ran ine	ANTECEDENT CAUSES (B) Real Failure 1 Heller
5	A A A	DISEASES OR CONDITIONS, if ony, giving
2	3) (3) ex	rise to the above couse (A) stoting the UNDERLYING CONDITION lost.
0	dical ical rns; sici	Z OTHER SIGNISICANT CONTRIBUTING AND A CONTRIBUTING
M	ber by by chy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  WICHIEF SIGNIFICANT CONDITIONS COURSES  WICHIEF SIGNIFICANT CONDITIONS CONTRIBUTING  WICHIEF SIGNIFICANT CONTRIBUTIONS CONTRIBUTING  WICHIEF SIGNIFICANT CONTRIBUTING  WICHIEF SIGNIFICANT CONTRIBUTIONS CONTRIBUTING  WICHIEF SIGNIFICANT CONTRIBUTIONS CONTRIB
IER	and	
5	By By	
-	al ; (2 ; (2 lo p	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
1	d by spit ture twre twre (6) N	OF INJURY  While At Not While
	ho ho ho de	While At Wark  (APPROX.)  While At Wark  At Wark
	pro the ny exc an	22. 1 certify that (1) (this hospital) attended the deceased from Jely 1,0, 1965 to all 10 1965
	ap to of al (h);	that (1) (we) last saw the deceased alive an and that In (my) (aur) apinion death accurred an the date
	st be a ased to Jent of Spital death) nust be	and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  28A. SIGNATURE // 123B. DATE SIGNED
	3 6 5 5	Les out h . Mal D. J M. M.D. Attending D. Med. D. Stoff D. 44-19-6
	F 0 0 0 + 0	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS
	certificate body was rise (1) An act D.O.A. at a ased prior	JOSEPH R. MYEROWITZ M.D. 5145-PARK HELGHYS AVE
	ナンこうがっ	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, at county) (State)
	his cert ne body hows: ( as D.C ecease	BURIAL 4-14-65 Loudon PARK BALTINORE, Md.
	This cer the bod shows: was D.( decease	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERA
	4 7 7 7	VS 150, PEV 1/1/65





	05 0	000		Y HEALTH DEPARTMEN		65 2020		
BIRTH NO. M.E. CASE NO.	65 3	939	CERTIFICA	TE OF DEAT	H VRegistered No	0. 00 0000		
NAME OF DEC	CEASED			2. DA1	TE AND HOUR OF DEAT	Н		
(Type or Print)	VINCE	ENT. HE	NRY, JOHN	4-	-11-65	5.45 A		
3. PLACE OF DE	ATH IN BALTIMORE,		THE TOTAL	4. USUAL RESIDENCE		institution: residence before admissio		
FULL NAME ( HOSPITAL OR INSTITUTION	OF flf not in hospi address or loca	itol or institution otion)	ı, give street	MARYLAND		e RURAL ond give township)		
10	ST. AGNE	S HOSP	ITAL	D. STREET ADDRESS	(If rurol, give location)	aven , Pasadena		
				424 WEST S	SHORE RD.	02 00		
S. SEX	WHITE	MARR		11-3-11	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
	UPATION (Give kind of vitworking life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12, CITIZEN OF WHAT COUNTRY?		
SALESM.	AN		ESALE FISH	MARYLAND	I NAME	U.S.A.		
HARRX		W. Vin		IRENE SY	R Olver	ADDRESS		
(Yes, no or unknow)	d Ever in U. S. Armed n) (If yes, give wor or o	dotes of service	) 16. SOCIAL SECURITY NO.	ST. AGNES	HOSPITAL R			
1B.	OYI		CAUSE C	F DEATH	JAIVII AIL	INTERVAL BETWEEN		
DISEA	SE OR CONDITION	DIRECTLY		Ø.	- 0	ONSET AND DEATH		
	LEADING TO DEA		(A)	avernom	a Gootor	gus		
	not mean the made		seose,					
	, asthenia, etc. 11 med mplicolian which caus							
	ANTECEDENT CAU		(8)	nevalised a	acouminal !	Viscion		
10/0.00			DUE TO	motes Letin 8	lunas			
	OR CONDITIONS,			in cars many	193.			
	ne above cause ( G CONDITION Iosi.	A) Sloling II	16 (C)					
E TO THE D	II  IIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN	ELATED TO						
	F OPERATION 198. C		R WHICH OPERATION	20 A. AUTOPSY? (Yes YES	or No. 20B. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer	- h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, ctc.)	in or obout 21 C. WHERE Diffice bldg., INJURY OCCU	OID (If in Boltin	nore City, give exact location)		
O 21D. TIME	(Month) (Doy) (Ye	eor) (Hour) 2	E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?			
OF INJURY		\	While At Not Whi					
(APPROX)		\	Work At Work					
22. 1 certify	y that (1) (this haspi	ital) attended	the deceased from	4-9	19 65 to	4-11 19 65		
that (I) (we	) last sow the dece	ased alive or	4-11	19 65 0	nd that fn(mv) (our) a	pinlon death accurred on the d		
		stated above.	(I) (We) (did) (dfd not)	view the body after de	eath.			
23A. SIGNAT	0 - //	7 . ~				23B, DATE SIGNED		
1 Cuen	de G. VI	wan	M.D. Att	lending Med. ys. Director	Stoff Phys.	4/11/65		
23C. PHYSICIA	AN'S		7	23D. ADDRESS				
NAME (	Type) VINCENT	E G RUE	RIN					
	TINGLIT			ST. AGITE	S HOSPITAL			
24A. BURIAL CRI		24C.	NAME of CEMETERY OF CR	REMATORY 2	4D. LOCATION	(City, town, or county) (State		
Buris		4/65 0	Ten Howen M	amond o 7	Glen Bur	nie, Md.		
	D BY HEALTH DEPT.	25R NAAA	len Haven Me	25C. FUNERAL DIRE	CIOS ATOIL DUI	ADDRESS		
ADD 1	( 1005 ( )	C C L	2 Quillette Co	SC. TOWERAL DIRE	No OVE	L Home BURNIE!		
WLI TE	1300 000	TO LE TA	10 C 10	BARTE	PUNCKAL	- IVOING BURNIE!		
VS 150-REV. 1/1/	/65							

Carlot District Committee of the Committ

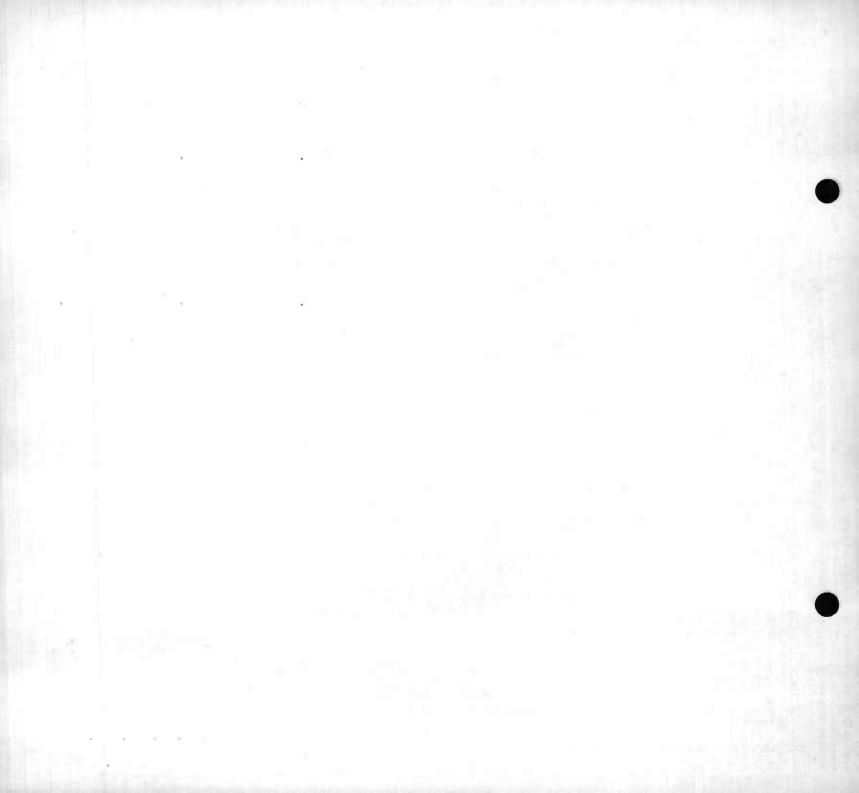
IMPORTANT

**DIRECTOR:** 

FUNERAL

VS 1S0-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



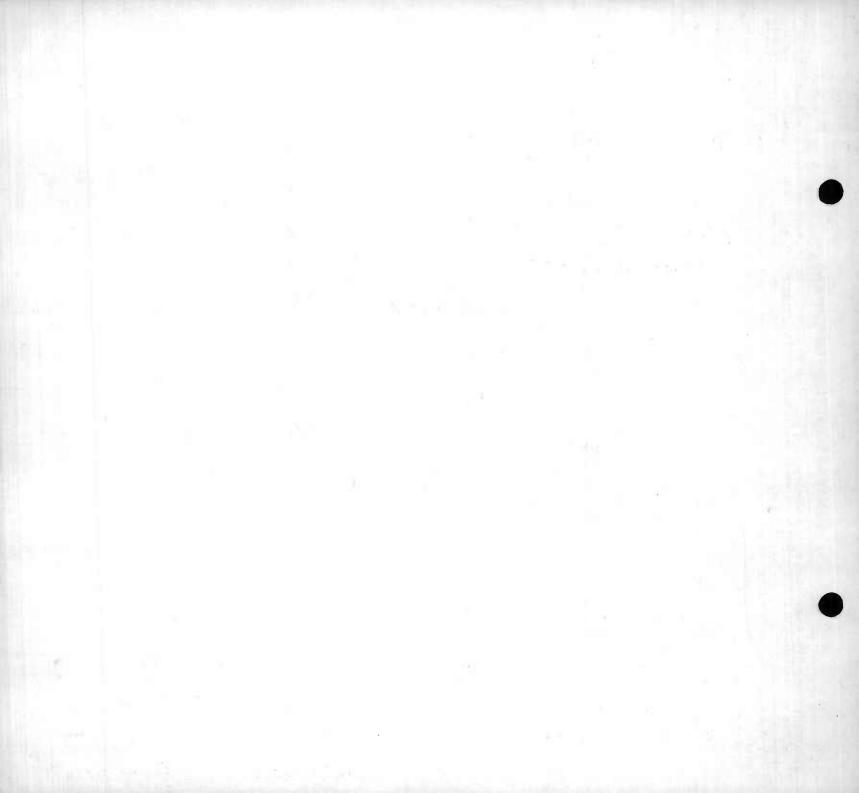
IMPORTANT

FUNERAL DIRECTOR:

6 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Manths: Doys 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that In(my) (our) apinion death occurred an the date 23 B. DATE SIGNED ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours i Min. Hours

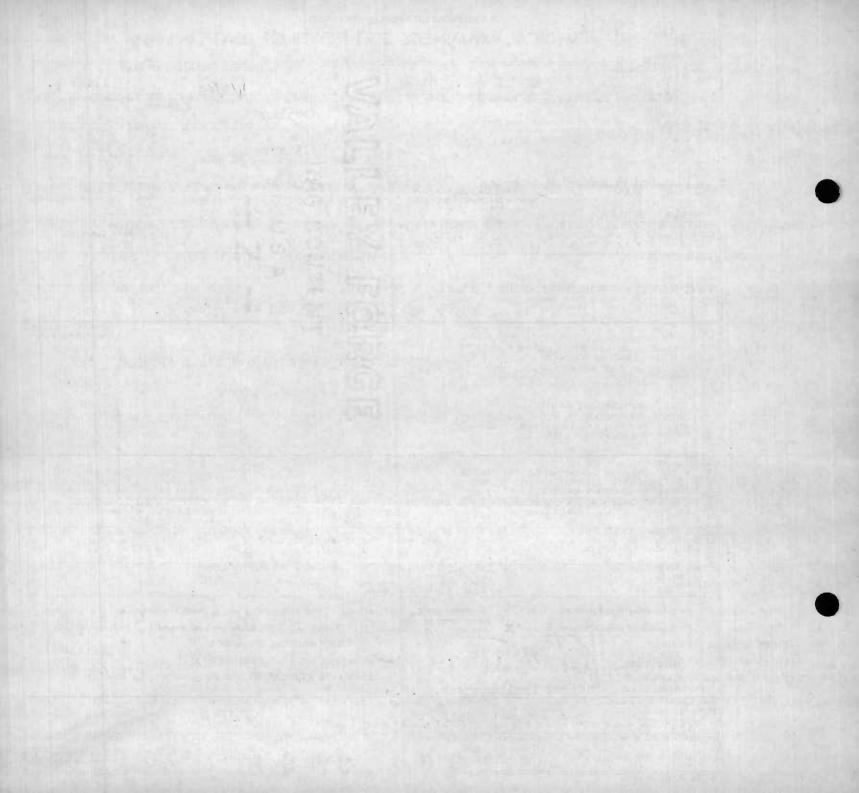


BALTIMORE CITY HEALTH DEPARTMENT

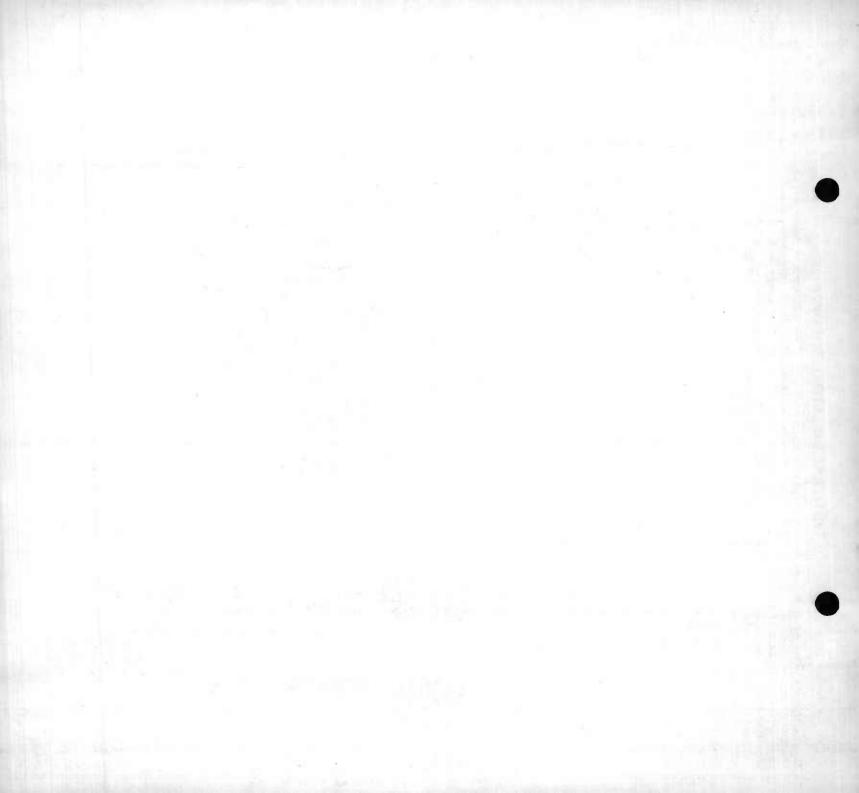
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

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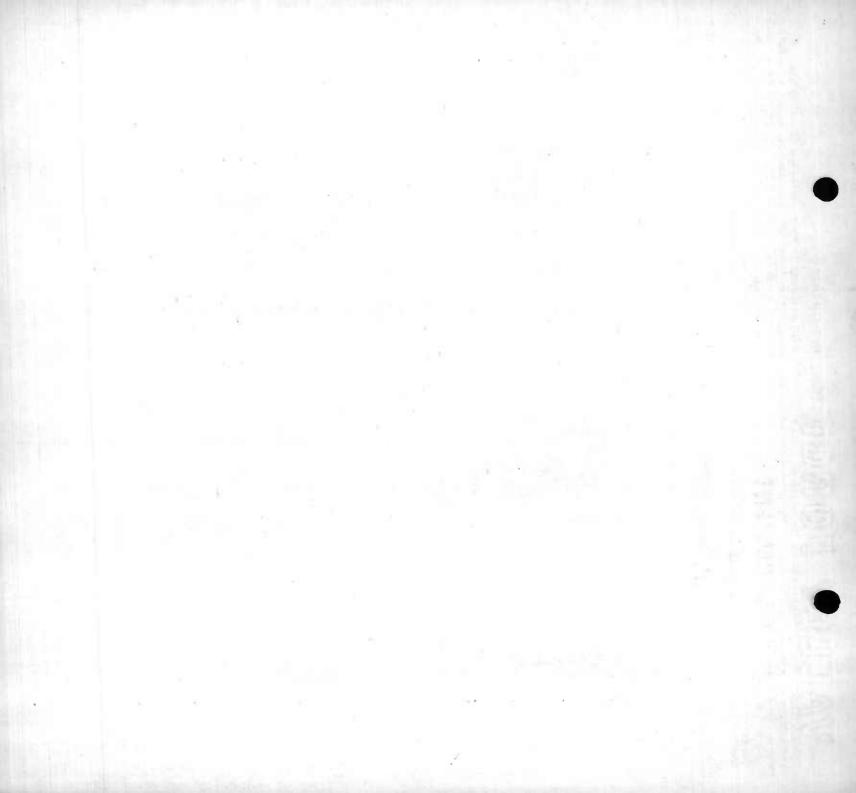
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	CASE NO.									
1. Na (Type	or Print)	CEASED	EDWARD	E. SAPP		2. DATE AN	D HOUR PRONOUN	CED DEAD	77.50	
0.01							11/9/65			p. M.
3. PL.	ACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD	A. STATE		deceosed lived. If in B. CC	OUNTY	dence before	odmis sion)
	NAME OF	(IF NOT IN HOSPI	AL OR INSTITU	JTION, GIVE STREET		aryland	e corporote limits, wr	ita DIIDAL a	ad aire tarra	a bia)
HOSE	TUTION	ADDRESS OR LOC	ATION)		C. CIII OK IOV	VIA (II OUISIO	e corporote ilmits, wi	1 Marie of	A F	mp
11						Ltimore		100	3 6	
17					D. STREET ADD	RESS (If rurel,	give location)			
	U	ion Memorial	Hospit	1	31	000 Elm	9. AGE (In years		1 4 4 11 11	
5. SE)		6. RACE	WIDO WED,	DIVORCED (specify)	SUMME OF BIRTI	A -	llost birthdov)	Months	Doys Hour	er 24 Hrs.
	male	white	MARI		90-10 12 2	41905	59			
		UPATION (Give kind of wo working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE	4. 0		12. CITIZ	EN OF	
		AIVANCE	COUTI	NIENTALLAN		MD,				
13. FA	THER'S NAM	AE O			14. MOTHER'S M	AIDEN NAM	5			
		-			The state of the s	7				
		D EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	S	
	V &	(If yes, give war or do	es of service	215-01-6521	EMM	46.5A	PP 3500 E	-LM	AVE	
111					OF DEATH				INTERVAL B	ETWEEN
	4	del I		CAOSE	OF DEATH			1000	ONSET AND	
	DISEA	SE OR CONDITION DEAT		And to a sure					0.0953	
	(This does	not meen the mode of		(A) Arteric	screrotic	cardio	ovascular d	isease	<b>-</b> •==========	
	heort foilure	, osthenio, etc. It meor mplication which caused	s the diseose,	501.10					1500	
								1 200		
		OR CONDITIONS, IF		(B)						
	RISE TO TH	E ABOVE CAUSE (A)	TATING THE	DUE TO						
7	UNDEKLTI	NG CONDITION LAST.		(C)						
[ -										
3		NIFICANT CONDITIONS								
프		DEATH BUT NOT R		HE						
ERTIFICATION		POPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE			
O	)	WAS PE	RFORMED		no		IN CERTIFYING CA	USES OF DE	ATH?	
		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. V	VHERE DID	(If in Boltimore City,	give exoct lo	ocotion)	
		OR CONTRIB-	etc.)	, form, foctory, street, o	THE DIAG., INJURY	OCCUR?				
	ID TIME	(Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21F H	THI DID WC	IPY OCCUP?			
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			m. V	VORK AT W	ORK					
2	2. 1 cer	tify that I held an	Inquiry 🗌	Inspection Aut	apsy and	d that an thi	is basis, death in	my apinia	n	
	rasıı	Ited fram: Natural c	uses X A	ccident Suicide	Hamici	de 1	Jndetermined man	ner		
		101		- 7			AMINER _			
	ACTUA	L ///	10.10.	ella. a					DATE SI	GNED
	SIGNAT	URE /	much	sever M.D.	ASSISTANT M			1./2	0/65	
	EXAMI		Proitor	andrew W.D	ASSOCIATE M	EDICAL E	XAMINER	4/1	0/05	
234	NAME (			necker, M.D.	CREMATORY	230. 1	OCATION (Ci	ty, town, or	county)	(Stote)
REM	OVAL (Specif	y) , , /	1,-					,,, .,		
	CHAI		165	MORELAN			BALTO,			
24A.	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	1	-1	ADDRESS	
L	PR 13	1985 00	8 8 Ata	eleutia o	Sound	E. CK	arout 3	61171	- Kerl	ws
	11 11 2 2	(6.30)	1 2	5 73 0		0		61116		



BIRTH NO.	65 39	43		TY HEALTH DEPARTMENT	9/	65 3943
M.E. CASE N NAME OF Type or Print)	O. DECEASED	F. HOLL			E AND HOUR OF DEAT	
	DEATH IN BALTIMO		NIV D	HA HEHAL BESIDENCE	/ ' '	6
FULL NAM HOSPITAL INSTITUTIO	AE OF (II not in I OR oddress or	hospital or institution,	give street	MOI		( institution: residence before odm
CAI	RRISOM	NURSING	2 HOME	D. STREET ADDRESS	(If rurol, give location) ALMARB	,
S. SEX	6. RACE	7. MARRIED WIDOWE	D. NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 3/17/74	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 2 Months Doys Hours
dane during mo	SEWIFE.		F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME ?			14. MOTHER'S MAIDEN	NAME	
15. Was Dece (Yes, no or unkn	osed Ever in U. S. Annown) (II yes, give wor	med Forces? r or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT HARRY FL	ETCHER 24	ADDRESS 102 ALMARO,
	SEASE OR CONDITION LEADING TO E	DEATH	CAUSE (A)	Cougesting.	Heart_	INTERVAL BETWEE ONSET AND DEAT
hearl fail	es not mean the m ure, asthenio, etc. It complication which ANTECEDENT C	meons the disease, coused deoth,)	, DUE TO ,	Congestino Fallano polario Si	on an an	
rise lo	S OR CONDITION The above cous YING CONDITION I	IS, if ony, giving e (A) sloting lhe		Busis	turre	
TO THE	II IGNIFICANT CONDITIE DEATH BUT NO OR CONDITION CAL	T RELATED TO TH		Sendity		
ERT O		AS PERFORMED		20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONT	CIDENT WAS UNDERLIFIED CAUSE notily medical examine	OF hon	me, larm, factory, street,	office bldg., INJURY OCCU	R?	nore City, give exact location)
21D. TIME OF INJUR (APPROX.)	tY .		hile At Not We	hile	INJURY OCCUR?	
	tify that (I) (this howe) lost saw the d		age 516	1965 - on	d that in (my) (our) a	planon death accurred on the
and hour	A	es stated above. (	I) (We) (did) (did not)	view the body after dea		23B. DATE SONED /
	Myla	we Bya	M.D. A	ttending Med. Director  23D. ADDRESS	Stall Phys.	4/12/65
23C. PHYS		M. Bu 1 1:	Bye 1/4 M.D	562040	x/2 RS	,
BUL A	CREMATION, 24B. D	12/65 24C.N	STOMAN		BALTO,	(City, town, or county) ( 2/2/2 H
254 2475 25	C'D BY HEALTH DEP	PT.   25B. NAME		2SC. FUNERAL DIREC		ADDRESS



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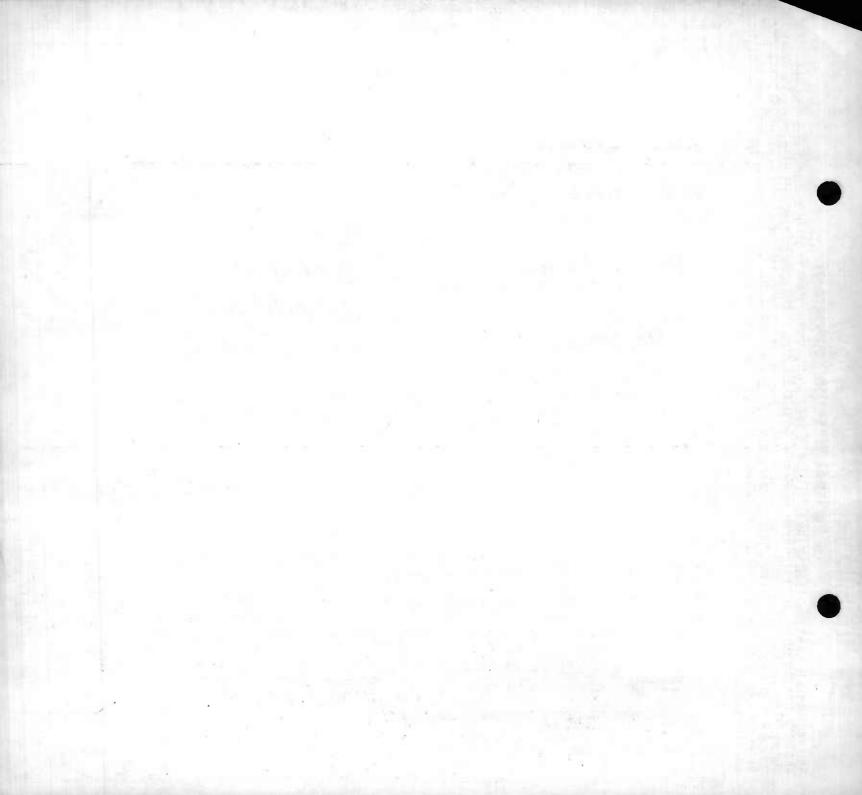
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

THANKING COOK SOME AND HAVE NOT

BALTIMOR	E CITY HEALTH DEPARTMENT	1	65 3946
BIRTH NO. 65.09262 65 3946 CERTIF	ICATE OF DEATH	Registered No.	00 0030
A.E. CASE NO.	2 DATE A	ND HOUR OF DEATH	
Type or Print)		_	
3. PLACE OF DEATH IN VALTIMORE MARYLAND	4-10-	55 -887	77.
S. FEACE OF DEATH IN BALLIMORE, MARICAND	A. STATE B. COU	ere deceased lived. If it NTY	nstitution: residence before admi
FULL NAME OF (If not in hospital or institution, give street	DAI.		Dall
HOSPITAL OR address or location)	C. CITY OR TOWN (If a	uteide city limite write	RURAL ond give township)
NSTITUTION	BIT	1	NOUNE ONG SITE TOWNSHIP
Bon Secoure	D. STREET ADDRESS	nore	00-20
ISON MOCOUNT	- 4 4	rurol, give lacotion)	
	13168	nalcoide	are.
6. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours N
Male Male to WIDOWED, DIVORCED (spec	4-11-15	lost birthday)	1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	T TO D	14 0000	13 (175)
done during most of working life, even if retired)	OSIKI II. BIRTHEACE (State of tar	eigh country)	12. CITIZEN OF WHAT COUNTRY?
	main land	A	
3. FATHER'S NAME	14. MOTHERS MAIDEN NA	MF	
10 0 6		de	
June Janes	mildred	Burns	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	1	ADDRESS
Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	(1)	1 1) 1	B 1 41 d
	1065Ketal	Racely -	Bach my
18. 776 X I	JSE OF DEATH	7	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	+	- 1	ONSET AND DEAT
LEADING TO DEATH	1111111111	inila	
(This does not mean the made of dying, e.g., DUE 1	0	7000	***************************************
hearl failure, asthenia, etc. It means the disease,			
injury or complication which caused death.)		/	
ANTECEDENT CAUSES (B)	[0		***************************************
DISEASES OR CONDITIONS, if any, giving			
rise to the above cause (A) stating the (C)			
UNDERLYING CONDITION last.			
	-		
Z CTUES CONTRACTOR CONTRACTOR			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES. WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	(e.g., in ar about 21 C. WHERE DID	(If in Politica	City of the city o
OR CONTRIBUTING CAUSE OF home, form, foctory, st	eet, office bldg., INJURY OCCUR?	tif in boilings	e City, give exact location)
DEATH (notify medical examiner) etc.)			
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID IN	JURY OCCUR?	
S OF INJURY	t While		
(APPROX.)	Work		
22. I certify that (1) (this hospital) attended the deceased from	4-10	1965 to	4-10 196
1			
that (I) (we) lost saw the deceased alive on	-1/1 19 60 and the	hot In(my) (our) opi	nion death occurred on the
and haur and from the couses stated above. (1) (We) (did) (stid	not) view the body after death.		
23A. SIGNATURE			238, DATE SIGNED
Kanne Affel M.C	Attending Med.	Stoff 7	ulater
4 67 60	Phys. Director	Phy s.	4/10/65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	10	
TANIALE LIANGE	M.D. Baller	a blace	
	10010.52000		
24A. BURIAL CREMATION. 24B. DATE 24C NAME of CEMETERY	or CREMATORY 24D.	LOCATION	ity, tawn, ar county) (St
	rx (on	Buch M	-/
	6	1 dest " a	ADDRESS
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	16/	ADDRESS
APR 13 1985 00 1 0 100 200	ashomas P	V Christy	no Hollers to to



hetter from Johns Hopkins Idopatel
4-19-65 MIH.

VS 151-REV. 1/1/65

B-300

BIRTH N	0.	MED	ICAL EX	CAMINER'S C	ERTIFIC	CATE OF	DEATH R	egistered No		
M.E. CA	SE NO.									
	E OF DEC	EASED				2. DATE AL	ND HOUR PRONG	DUNCED DEAD		
(Type or	Print	ROBI	T D	XXXXX Redd	low		4/9/65		7:30 a.	
3. PLAC	E IN BALTI	MORE MARYLAND, W		Pat 31 JUL		RESIDENCE (Where	e deceased lived.	Il institution: resi	dence belore o	idmission)
					W. SIMIE	Maryland		. COUNTY 3/	11/15	
HOSPITA	LOR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY O	R TOWN (If outsi		s, write RURAL o	nd give towns	hip)
INSTITUT	ION					Baltimo	na		50 -00	
					D. STREET	ADDRESS (II ruro			LG_00	
	Ba	alto. City Ho	spital							
C 0811			-		8. DATE O	8505 Ka	vanaugh R	d		
5. SEX	emale	white		NEVER MARRIED DIVORCED (specify)		28 62	9. AGE (In lost bighdoy	Months	r 1 Yr. If Unde Doys Hours	
			k TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPL	ACE (State or fore	ign country)	12. CITIZ		1
done durii	ng most ol w	arking lile, even if retired)			Ber	keley Sp	rines w	VA WHA	AT COUNTRY?	
13. FATH	ER'S NAM	E				R'S MAIDEN NAM		0 427	75 7 7 9	- 7
7.0	Volt + o	to Daddan								
1		r Beddow				cey Perr	.У			10.0
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	ANI		ADDRES	3	
10									ANTERNAL B	FTIMEFAL
18.	340	19 1		CAUS	E OF DEAT	1			ONSET AND	
	DISEAS	E OR CONDITION DE								
(T	his doos n	LEADING TO DEATH		(A) Inter	rstitia	l pneumon	itis	>>=====>==		
he	eort foilure,	at mean the mode of osthenio, etc. It meon aplication which caused	the diseose,	DUE TO	(Hem	ophilus i	nfluenzae	)		
	lory or com	phedion which coused	deant.			1				
	A	NTECENDENT CAUS	ES	. 01						
D	ISEASES C	OR CONDITIONS, IF A	NY, GIVING	DUE TO	,,,,,,,			****************	***************************************	
Ü	NDERLYIN	G CONDITION LAST.	TATING THE							
Z				(C)						
E		II						44		4711
S 9	THER SIGN	IIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION	NG						
는 D		CONDITION CAUSING						a		
CERTIFICATION 194	DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AU	TOPSY? (Yes or No	IN CERTIFYING	CAUSES OF DE	ON SIDERED	
₹ 21 A.	EXTERNAL	CAUSE WAS	218,	PLACE OF INJURY (e.g.,	in ar obout	1C. WHERE DID	(If in Baltimore C	City, give exoct I	ocotian)	
OUND	ERLYING D	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., I	NJURY OCCUR?				
1210		(Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURRED	2	IF. HOW DID IN.	IURY OCCLIR?			
(APP	NJURY ROX.)		m. V	VHILE AT NOT	WHILE					
22.	Logiti	ify that I held an I	loculey 🗆	Inspection Au	topsy	and that on the	his bosis, deot	h in my aninio	n	
				_						
	result	ed from: Natural co	USOS X	Accident Suicid		omicIde	F9	manner		
		into.		1-1	CHI	EF MEDICAL E	XAMINER		DATE SIG	SNED
	SIGNATU		B N-C	1 . M. T	ASSISTA	NT MEDICAL E	XAMINER			
	EXAMINI NAME (T	ER'S	1 t.z. M. I	7	ASSOCIA	TE MEDICAL E	XAMINER 🔀	4	/9/65	
	RIAL CREA	AATION, 23B DATE	23	C. NAME OF CEMETERY	or CREMATO	RY 23 D.	LOCATION	(City, town, or	county)	(Stote)
	AL (Specify)			Greenway C						
					-					
24A. DA	TE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. F	UNERAL DIRECTO	R	· · · · · ·	ADDRESS	11 -

Person C Devante in the State of

IMPORTANT

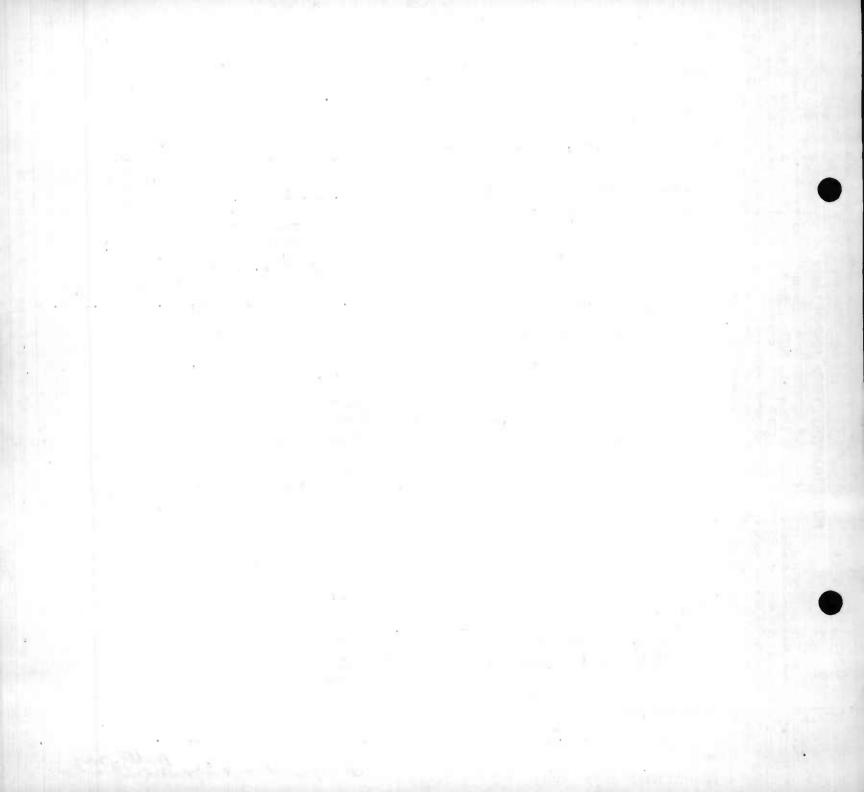
FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Suggester on district meters Francisco Ballage J. Francisco Baltazarile

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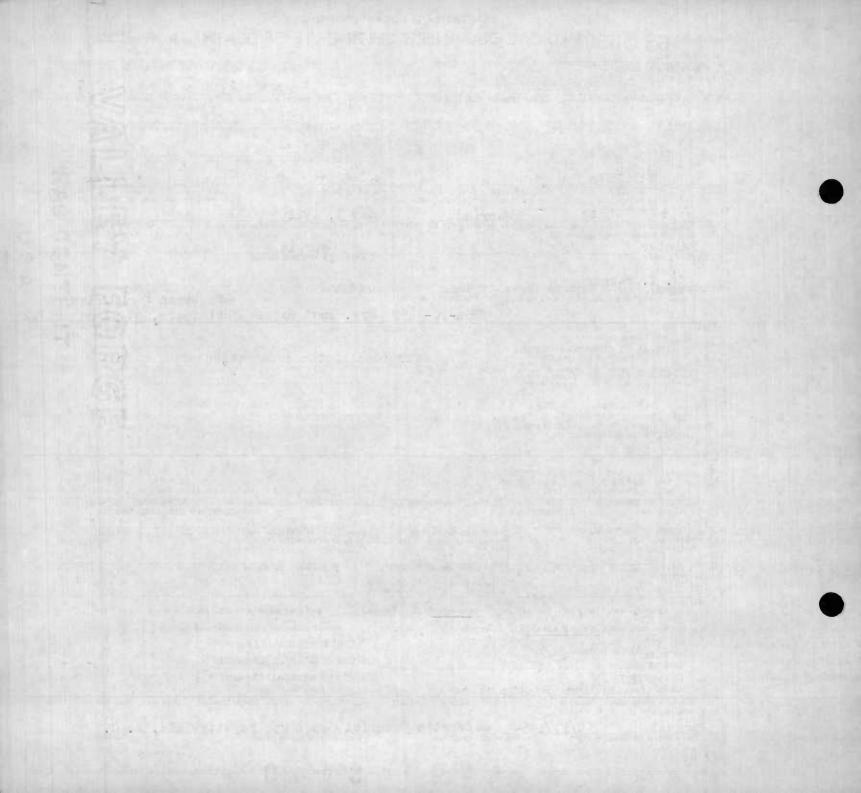


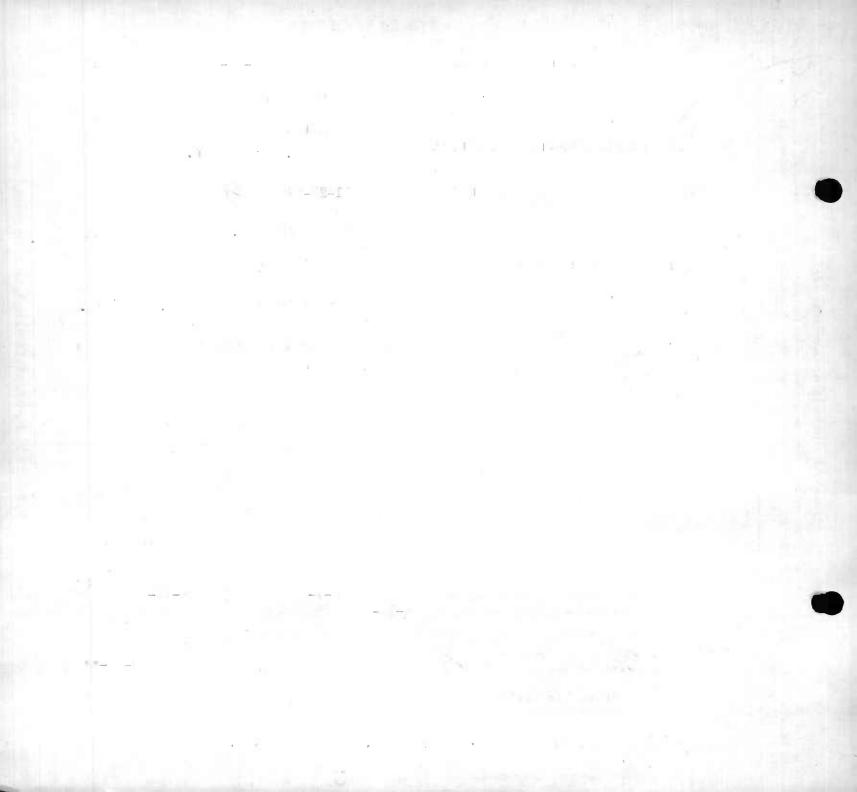
1 65	3952 BALTIMORE CIT	Y HEALTH DEPARTMENT	6	3952
BIKIH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	0 0006
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	
Type or Printl PARKER, ED	WARD G.	4/12/1	965	8:40
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where de		on: residence before odmis
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	KESWICK c. CITY OR TOWN (If outside	city limits, write RURAL	150/
INSTITUTION		BALTO. MARYLAN		ond give township)
/		D. STREET ADDRESS (If IUIO),	give location)	
KESWICK		700 West 40th	Street	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years If U birthday) Man	Inder 1 Yr. If Under 24 ths: Doys Hours: Mi
MALE CAUCASIAN	WIDOWED	12/12/1875	89 yrs.	
16A. USUAL OCCUPATION (Give kind of wo		Y 11. BIRTHPLACE (State or foreign c	ountry) / 12.	CITIZEN OF WHAT COUNTRY?
Insurance Underwrit		Baltimore Mar		U.S.A.
13. FATHERS NAME	er insurance	Baltimore Mar	yrand	
William H. Parker		Emma Phillip	S	
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or do	orces? I 6. SOCIAL	17. INFORMANT		ADDRESS
	les of service) SECURITY NO.	Elizabeth Merr	ick, R.N.	Keswick
No.	CALISE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D		N - N - N	2 1	ONSET AND DEATH
LEADING TO DEATH		teriorderosifa	whelesol !	8 years
(This daes not mean the made a heart foilure, osthenio, etc. It mean				J
injury ar camplication which cause			1 3 5 3	
ANTECEDENT CAUSE	S (B)	***************************************		. 100000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, it		- Contraction of the Contraction		
UNDERLYING CONDITION last.	sloling the (C)			
11				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING				
DISEASE OR CONDITION CAUSING	IT	20 A. ALITOPEY? (Yes of Not) 20	B. IF YES WERE SINDS	AGS CONSIDERED
19A. DATE OF OPERATION 198. CO	REFORMED	20 A. AUTOPSY? (Yes or No) 20	CERTIFYING CAUSES	OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bidg., INJURY OCCUR?	-	
O 21D. TIME (Month) (Doy) (Year	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While AT Not WI			
	Work At Wor		50 10 april	12 /
22. I certify that (I) (this hospita		10		12 196
that (I) (we) last saw the deceas			ı(my) (our) əpinion d	death accurred on the
	ated abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1 0 - 242	ttending CD And Sutt		DATE SIGNED
W. Fraflow	Hersperger M.D. P.	trending Med. Stoff		pril 12,19
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1
W. Grafton Hersp	erger, M.D. M.D.	700 West 40th	Street, Bal	to. Md. 212
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C			vn, or county) (Sto
Burial h/15/1	965 Loudon Park C	emetery Ralt	imore, Maryl	and
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Later of Hary	A D D RESS
APR 13 1965 (R.D.	it & veryouth in	a Mad Tirdon	v tson	ratto mel.
'S 150-REV. 1/1/65		0	Tena	



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BIRTH NO.	65 39	MEDIC	AL EX	AMINER'S C	ERTIFICA	TE OF I	DEATH Registe	red Na. 65 3	3953
M.E. CASE						10 5 4 5 5 4 4 4		ED DEAD	
(Type or Pr	OF DECEASED	FAY BARK	FD			100	12 1065		
3. PLACE I	N BALTIMORE, MA			NCED DEAD	4. USUAL RESID		deceased lived. If insti	1:0 7	1 50.00
					A. STATE	ryland	B. COU	INTY	
HOSPITAL	OR ADDRES	IN HOSPITAL	OR INSTITU	TION, GIVE STREET			e corporate limits, write	RURAL and give town	ship)
OITUTITZMI	ON .				Ва	1timore	12	-17	
					D. STREET ADD	RESS (If rurol,	give location)		
	Frankli	n Square			303 Wym		Drive	21211	
5. SEX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	Months, Doys, Hour	
ma	le whit		Mari		May 3, 1	921	43		
	L OCCUPATION (Giv most of working life, ev		B. KIND OF	BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF	?
Pai	nter	on it remody			Geo	rgia			
13. FATHER	'S NAME				14. MOTHER'S M	AIDEN NAM	E		
	I. I. Barke								
Yes, no or u	ECEASED EVER IN Inknown), (If yes, give	U.S. ARMED FO	of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		303 Wymar	ADDRESS n Park Drive	
				254-20-3159	Mrs. Ine	z Barke	r Baltimore	. Maryland	21 21 1
1B.	1/201			74 - 2721	OF DEATH	24210		INTERVAL ONSET AN	
NO THE CATION OT TO	ANTECENDE  ANTECENDE  EASES OR CONDITO  TO THE ABOVE C.  DERLYING CONDITO  IER SIGNIFICANT C.  THE DEATH BU  EASE OR CONDITIO  ATE OF OPERATION	NT CAUSES FIONS, IF ANY AUSE (A) STATION LAST.  I ONDITIONS CC T NOT RELAT	, GIVING TING THE ONTRIBUTIN TED TO TH	1E	Tana Autopsy	? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED	
8 7	ATE OF OPERATION	WAS PERFOR		VAICH OFERATION	No No		IN CERTIFYING CAUS		
OUTUG	XTERNAL CAUSE WILLYING OR CONTR	В- 'Н.	home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	ffice bldg., INJURY	OCCUR?		ve exoct location)	
OF INJ	URY	Doy) (Yeor)		CHILE AT NOT AT W	WHILE	JENI DID WO	JRY OCCUR?		
22.	I certify that I h	eld an Inqu	uiry 🗌	Inspection X Aut	apsy and	d that an th	Is basis, death In n	ny apinian	
	resulted fram:	Natural cause	s X A	ccident Suicid	e Hamici	de 🗌 🕠	Undetermined manne	er 🗌	
SI	CTUAL IGNATUREXAMINER'S	Apr	eiler	who M.D.		EDICAL EX		DATE S 4-13	
	AME (Type) Rylo			cker	CREMATORY	23 D. 1	OCATION (City,	, town, or county)	(Stote)
REMOVAL	(Specify)								
Remo	rec'd by HEALTH	1/13/19 DEPT.	248 NAME C	afayette Mem  DF REGISTRAR  DEM MAR	24C. FUNER	at director	Fayetteville	ADDRESS	12.17
AP	R 1 3 1965	Rose	E. Ja	Noey MAN	wnit	Tichroe	Asmo ros	the reacce	ve
VS 151-RE	V. 1/1/65		3 0	7	0 "	0 7			





M.H.

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

A Control of the Cont

(7-)		HEALTH DEPARTMENT	1300
BIRTH NO. (5) 65	3957 CERTIFICA	TE OF DEATH Registered N	. 65 370/
N.E. CASE NO.	J	2. DATE AND HOUR OF DEAT	ru
Type or Print) HAWKINS, IDA	V.	4-11-65	3:30 P
PLACE OF DEATH IN BALTIMORE, MA	AR: D	4. USUAL RESIDENCE (Where deceased lived, I	institution: residence before admission
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	MARYLAND	Balt
(NSTITUT(ON		BALTIMORE 28	le RURAL and give township)
ST. AGNES	HUSPITAL	D. STREET ADDRESS (If rurol, give location)	
		13 S BEECHWOOD AVEN	
FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 12-4-89 9. AGE (In years lost birthday) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of wor		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) HOUSEWIFE	Own Home	MARYLAND	U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GEORGE W CARROLL	(DEC)	ANNIE STEWART (DEC)	
5. Was Deceased Ever in U. S. Armed For res, no or unknown) (If yes, give war or date	rces? 1 6. SOCIAL	17. INFORMANT Edward S. Haw	kins (Musband
NO		ST. AGNES HOSPITAL RE	
18. 3 / X I	CAUSE O	<u> </u>	INTERVAL BETWEEN ONSET AND/DEATH
DISEASE OR CONDITION DI	RECTLY	RUA	ONSET AND DEATH
(This does not mean the made of	dying, e.g., DUE TO		I were
heart failure, asthenia, etc. It meons	the diseose,	1-	
ANTECEDENT CAUSES	Hum	ectersin	yous.
	DUE TO / '		
DISEASES OR CONDITIONS, if rise to the above cause (A)			
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELADING DISEASE OR CONDITION CAUSING	ATED TO THE		
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED
	FORMED	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, ol etc.)		nore City, give exact location)
O 21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not Whil		
(APPROX)	Work At Work		1.
22. I certify that (I) (this hospita	l) attended the deceased fram	4-4- 19 65 10	4-11 19 65
that (1) (we) last saw the decease	ed alive an 4-	11 19 65 and that in(my) (aur)	apinion death occurred an the do
and haur and fram the rauses sta	red phove. (1) (Wg) (did) (did hat)	riew the bady after deoth.	
23A. SIGNAPORE	11) 111		23B. DATE SIGNED
1 inhavall	Kellen M.D. Atte	s. Med. Stoff Phys.	4/11/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11.100
NAME (Type)	M.D.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify 4/14/65	24C. NAME of CEMETERY of CRI	Baltimore 77,	(Cimpown, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 13 1965 Polect	E, tallemo 0 0	Wilzke FOD. 4101 Ed	mondson Ave
VS 150~REV. 1/1/65			

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BIRTH		3958 CERTIFICA	TE OF DEATH			
M.E.	CASE NO.	021(11110)	6 8 4 7 4 4			
		Marie Elizabe		NO HOUR OF DEATH	1	
3. Pl	LACE OF DEATH IN BALTIMORE MA	RYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution; resider	ice before odmis
			A. STATE B. COUN	NTY	11 )	8. 24
H	OSPITAL OR oddress or locotio	or institution, give street	C. CITY OR TOWN (IF OU		o d	0-07
IN	THE JOHNS I	HOPKINS HOSPITAL		20	KOKAL ONG GIVE	i wiiship)
3	601 N. BROA		D. STREET ADDRESS	rurol, give location)		
	BALTIMORE	5, MD	414 OLD ORG	CHARD ROAL	0	
s. SE	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE 8 / 186 / 03	9. AGE (In years	If Under 1 Y	. If Under 24 Hours Min
	J W.	MARRIED	10026903xx	lost bighdoy!		110013
	USUAL OCCUPATION (Give kind of working most of working lile, even if retired)	k 108. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN	OF OUNTRY?
7	Nouse wife	Own Home	Balto. M	d.	USA C	OUNTRIE
13. F	ATHERS NAME	1	14. MOTHERS MAIDEN NA	ME		
	THEODORE SCHERE	DER	ELIZABETH	HENKENBER	RN	
5. W	Vas Deceased Ever in U. S. Armed For	ices? 16. SOCIAL	17. INFORMANT			RESS
ies,	no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	Louis J. Heyi:	ng 414 01	Orche	rd Rd.
I	1B. / A D V 1		F DEATH	, 01		VAL BETWEEN
	DISEASE OR CONDITION DI					T AND DEATH
						/
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IMPORTANT

DIRECTOR:

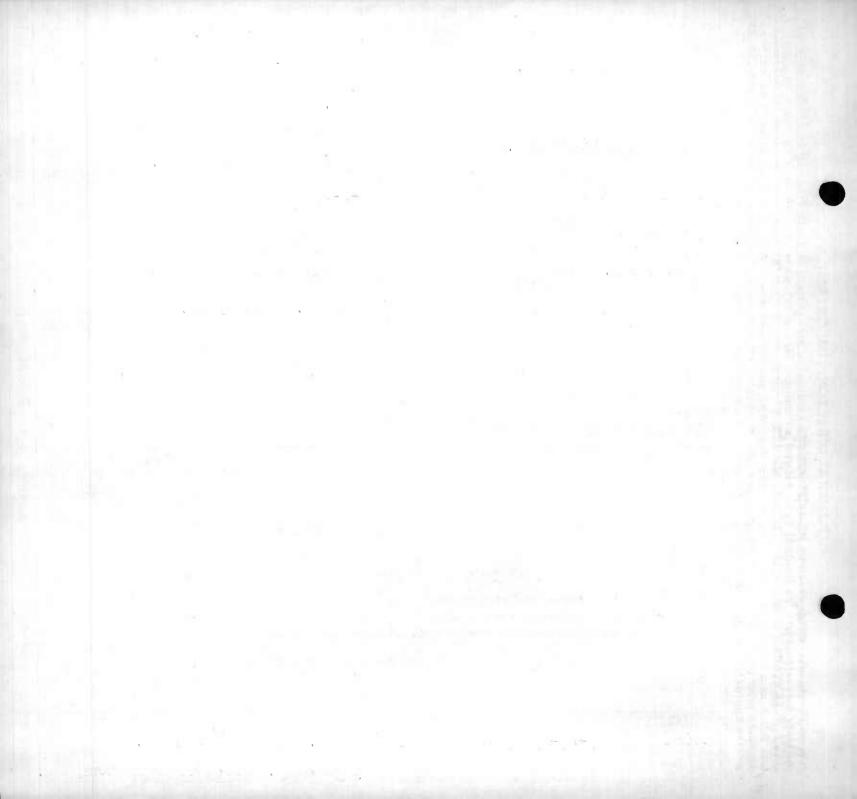
FUNERAL

vs 153 signed by Leroy M. Witzke licensed funeral director.

4/14/er

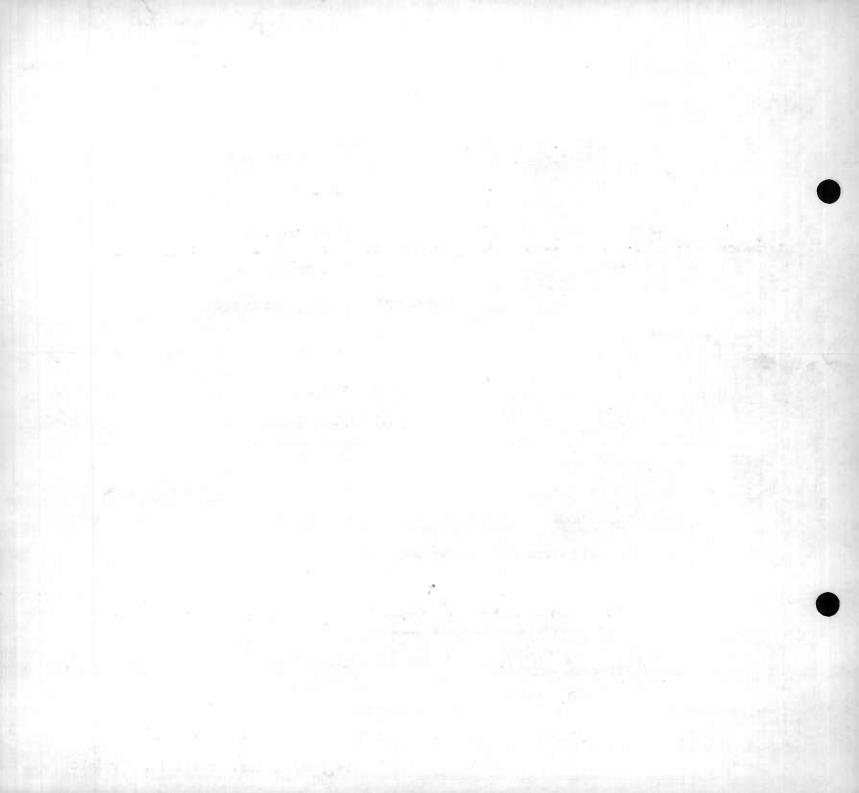
FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		CE 2000
BIRTH NO.  M.E. CASE NO.	5 3960	CERTIFICA	TE OF DEATH	Registered Na	65 3960
NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	30
Type er Print)	ildred M.	Disney	April	12, 1965	12 A
PLACE OF DEATH IN BAL	TIMORE, MARYLAND	DASI LEG	4. USUAL RESIDENCE (When	re deceased lived, If ins	stitution: residence befere edmission
			A. STATE B. COUN	7	D 2009, 1
FULL NAME OF (If no	ot in hospitel er institut	ien, give street	Md.	0	1-34
HOSPITAL OR oddre	ess or locetien)		C. CITY OR TOWN (If out	tside city limits, write R	(URAL ond give township)
			Baltimore		
5611 Belle	Vista Aug			rurol, give location)	
Join Dence	VASAU TIVE		E611 Rolls	Vista Ave	
SEX 6. RACE		NED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
temale whi		uried	4-8-1903	62	
A. USUAL OCCUPATION (GI		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF
ene during mest of working life, e					WHAT COUNTRY?
Housemi to			Maryland		IISA
FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	0.5
	0		4 0 .		
(harles B.	Jones		Anne Robe	nna -	
. Was Doceased Ever in U.		1 6. SOCIAL	17. INFORMANT	0	ADDRESS
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			James 4. Di	sneu. Sr.	same
18. // Y /	2/2V	CAUSE O	F DEATH	0	INTERVAL BETWEEN
DISEASE OF COA	IDITION DIRECTLY	. 1	, ,		ONSET AND DEATH
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rise to the above UNDERLYING CONDITI		the (C)	***************************************		
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OTHER SIGNIFICANT CO			belo Mi	X/1 Min	,
DISEASE OR CONDITION	CAUSING IT.	1000	7.00	)	
19A. DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH!
21A. ACCIDENT WAS UN	DERLYING T	21B. PLACE OF INJURY (e.g., in	er obout 21C, WHERE DID	(If in Beltimere	City, give exect lecetion)
OR CONTRIBUTING CA	AUSE OF	home, form, fectery, street, ef	fice bldg., INJURY OCCUR?	III wellishere	The second receipting
DEATH (notify medical ex	ominer)	etc.)			
	Doy) (Year) (Heur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF HAJORI		While At - Net While			
(APPROX.)		Werk Al Werk			40
22	J 1\ 1	ad the deceased to T	William.	1062 . Par	rent 10/05
22. I certify that (1) (th	nr <u>a hospitel</u> ) attend		23 /	19 10	1993
that (1) (we) last saw	the deceased alive	an Warth	2218 65 and th	at in (my) (pur) spir	nian death accurred an the da
and have all	annes serel desi				
	causes stated abav	e. (1) (We) (did) (did nat) v	iew the body after death.		
23A. SIGN ATURE	1 1		. — 4		23 B. DATE SIGNED
Nona	al la	M.D. Atte	mding Med.	Steff Phy s.	4-12-65
23C. PHYSICIAN'S	, ,00		23D. ADDRESS	119 3.	
NAME (Type)	The State of		ADUKESS	2.41 01	DI 6 0 7.
		M.D.	2815 000	Mach CT	ra meta ne
A. BURIAL CREMATION, 2	4B. DATE   24	C. NAME of CEMETERY or CRE	MATORY 124D I	OCATION (Cit	ly, town, or county) (Stete)
REMOVAL (Specify)	24	OUT AND BY OF WELLER! BY CRE	240.	CATION (CII	(Slete)
urial	11-111-65	Gardens of Fa	ith Com R	Paltimore,	Md.
SA. DATE REC'D BY HEALTH	1 DEPT. 25B, NA	J TT TTTOM TO A D TT	25C. FUNERAL DIRECTOR	accombine,	ADDRESS
ADD 1 9 100E	0000	In a comment		00 1 0	
WLU T 9 1209	Visbert 12, 1	Janen B	Legnard y.	Muck Inc L	Baltimore, Md.
S 150-REV. 1/1/65					

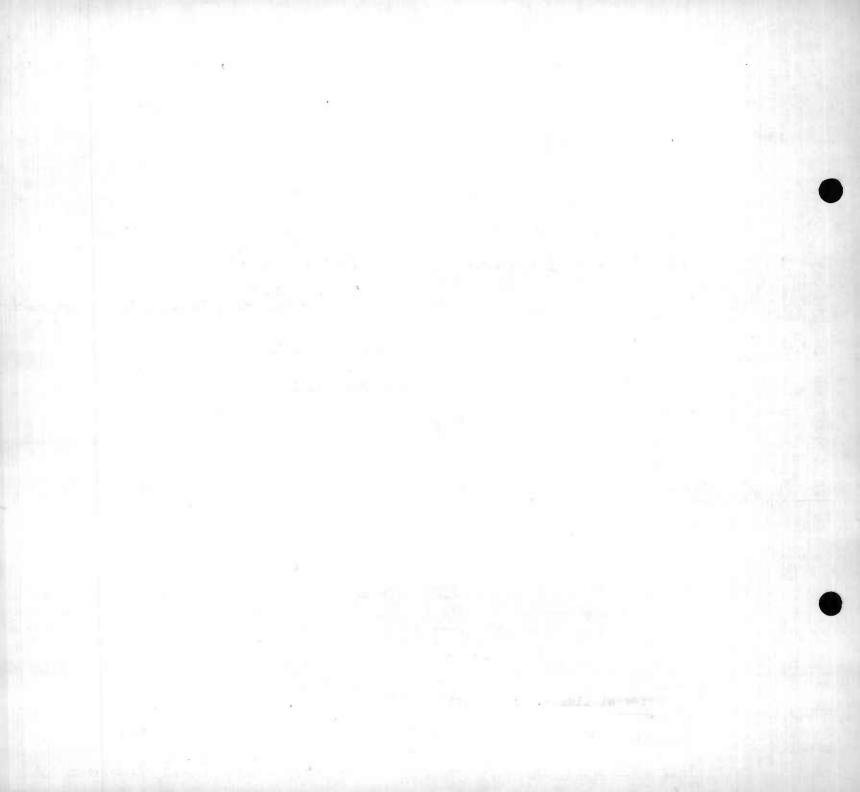


FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	65 - 3961
M.E. CASE NO.	CERTIFICA	TE OF DEATH		
Type or Print)			ND HOUR OF DEAT	Н
HARBAUGH, Charles	Peter	Apr:	11 9,1965	3 P.
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Wh	ere deceased lived. If NTY	institution: residence before admissi
FULL NAME OF (If not in hospital or ins	stitution, give street	Marylan	nd	(1)
HOSPITAL OR oddress or location)				e RURAL and give township)
	DRIAL HOSPITAL	Linthic	eum	50-00
1000 S. Cat		D. STREET ADDRESS (I	rurol, give location)	
Baltimore	, Md. 21229	#6 Oak	Grove	
M White 6. RACE 7. W	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
0A. USUAL OCCUPATION (Give kind of work 10 B.		11-11-78	86	No Ciriyan Os
ane during most of working life, even if refired)	KIND OF BUSINESS OK INDUSIKI	III. BIKIMPLACE (Store or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Wreck Master	Railroad	Pittsburgh,	Pa	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Josep Hambard		77 43		
Jacob Harbaugh  5. Was Decessed Ever in U. S. Armed Forces?	1 6. SOCIAL	Katheryn Ker	nner	ADDRESS
fes, no or unknown) (If yes, give wor or dates af	SECURITY NO.	IV. INFORIVANT		VDDKE33
No	715-18-1878	Medical Reco	ords Rm	
18. 4.93YI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY			ONSET AND DEATH
LEADING TO DEATH	(A)	heumonia		1 day
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) statistical underlying condition tast.		acheria Voure brain	syndrou	weeks te xears.
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	TO THE	20A. AUTOPSY? (Yes or N	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	TO THE	in or obout 21 C. WHERE DID	A SAME IS A	E FINDINGS CONSIDERED LAUSES OF DEATH?  OTE City, give exact location)
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OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION NAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hoof Injury (APPROX.)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work  North Work	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN	(If in Boltim	ore City, give exact location)  April 9 19 45
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Harden Contribution)  21D. TIME (Month) (Doy) (Year) (Harden Contribution)  22. I certify that (1) (this hospital) att that (1) (we) last saw the deceased all	218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  218 INJURY OCCURRED  While At Not White At Work  Rended the deceased fram  ive an April	in or obout 21C, WHERE DID  ffice bldg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	ore City, give exact location)  April 9 19 45
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OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Harden Contribution)  22. I certify that (1) (this hospital) att that (1) (we) last saw the deceased all and haur and from the causes stated at 23A. SIGNATURE	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21B. INJURY OCCURRED  While At Not White At Work  North March Conditions (I) (We) (did) (did not)	21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 21F. HOW DID IN 32F. HOW DID I	JURY OCCUR?	April 7 1965
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OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) (Hoof INJURY (APPROX.)  22. I certify that (1) (this hospital) att that (1) (we) last saw the deceased all and haur and fram the causes stated a 23A. SIGNATURE  23C.PHYTICIAN'S NAME (Type)  J. RAYM  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BUTIAL	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Work  Rended the deceased fram  Jobave. (I) (We) (did) (did set)  M.D. Att  Phy  AND GLADUE  M.D. ATT  M.D.	21F. HOW DID IN  21F. H	(If in Boltim  JURY OCCUR?  19 (3 ta	ore City, give exact location)  April 9 45  pinion death occurred an the company of the signed of th



BALTIMORE CITY HEALTH DEPARTMENT



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	H NO.	65	3964	CERTIFICA	TE OF DEAT	H Registered No.	55 3964	
1. N	AME OF DECE			K-1/2 - 3.35		E AND HOUR OF DEATH		
		MITHIX		=0 J.	4	-10-1965 Where deceased lived, If in	9-25 A	. A
3.	LACE OF DEAT	H IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE	Where deceased lived, If it	nstitution: residence before admis	sion
	ULL NAME OF		ital or institution	on, give street	Marylo	incl	malter	
	STITUTION	oddress or loc		11 001 0			RUPAL and give township)	
-	Churc	in Home	and	Hospital	D. STREET ADDRESS	(If rurol, give location)	5500	
2	Bo	alhimov	e 31,	Mld.		Place		
5. 5	EX 6	S. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	Hrs
	Male	white	WIDO	WED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Mi	
103	USUAL OCCUP		work 10 B. KIND	OF BUSINESS OR INDUSTRY	2-27-10 11. BIRTHPLACE (Stote of	foreign country)	12, CITIZEN OF	_
don	during most of we	orking lite, even if retir	od)		w. Va.		WHAT COUNTRY?	
13	FATHER'S NAM	g congeneer			14. MOTHER'S MAIDEN	NAME	U-8-A.	-
	. 0	e Smith				e white		
15.		ver in U. S. Armed		1 6. SOCIAL	17. INFORMANT	00.111	ADDRESS	
(Ye	, no or unknown)	If yes, give wor or	dotes of servic	e) SECURITY NO.	2/1/1	Same a		
	10			236-14-527	7 Miges			
	18. 4 DISEASE	OR CONDITION	DIRECTIV	CAUSE	F DEATH		ONSET AND DEATH	
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ATION	TO THE DE	CANT CONDITION ATH BUT NOT I	RELATED TO					
CAI		ONDITION CAUSIN	IG IT,	OR WHICH OPERATION	20A, AUTOPSY? (Yes	or No. 208, IF YES WEDE	FINDINGS CONSIDERED	_
RTIFIC	2 -		PERFORMED		Yes	IN CERTIFYING CA	USES OF DEATH?	
CER	21A. ACCIDENT	WAS UNDERLYIN	G	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DE	D (If in Boltimor	e City, give exact location)	
AL		ING CAUSE OF		home, form, foctory, street, c	unce piag., INJURI OCCO			
EDIC		(Month) (Doy) (Y	ear) (Hour)	21E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
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		ost sow the dece		n 4-10	1965 00		inion death occurred on the	
				. (I) (We) (dld) ( <del>dtd n</del> ot)			mon death occurred on the	10
	23A. SIGNATUR		5.05 00000	- (-, (, () (	The body diler de	, iii	23 B. DATE SIGNED	_
	Kich	nor C. M	leteta	M.D. Att	ending Med.	Stoff	4-10-1965	
	23C. PHYSICIAN NAME (Typ		1000		23D. ADDRESS	Phy s.		-
	NAME (Typ	100 C	MIT H	TA M.D.	Church How	ne and Hospi	itel Balt. 31. M	d
244		ATTON, 24B. DATE	240	NAME of CEMETERY OF CR			ity, town, or county) (Sto	
/	REMOVAL (Sp		110	lutton Cen	uten	le ton	2/-)61	
25A	DATE RECID I	Secret 7/10	25B. NAM	NE DE REGISTRAR	250, FUNERAL DIRE	CTOR	ADDRESS	-
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BALTIMORE CITY HEALTH DEPARTMENT

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Charles R. I

Law

24A, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

ADDRESS

802 Madison Ave.

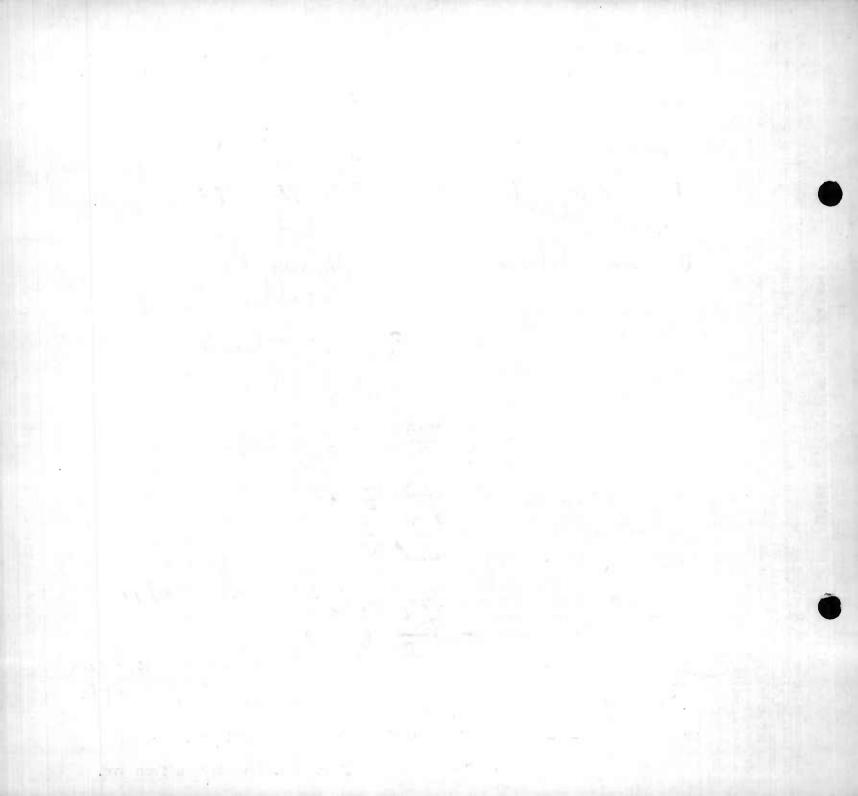
STATE OF THE SALE a control of Men.

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IMPORTANT

DIRECTOR:

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BUCK	INPOLITIVE : 1 65	396 CERTIFICA	TE OF DEATH	Registered Na	65 3967
(Турс	ME OF DECEASED  Me OF PAIN!  Mutable St	ate Hospital	2. DATE AN	12 -65	16.20 DN
FI	ACE OF DEATH IN BALTIMORE, MARYLAN  JLL NAME OF (If not in hospitol or ins OSPITAL OR oddress or locotion)  ISTITUTION	ND titution, give street	C. CITY OR TOWN (III out	TY  Iside city limits, write RU  LUCION (Sive location)	URAL and give township)
				Streme Park	
5. \$1	M c "	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	5-27-83	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, I during most of working life, even if retired)	A DEMY ANNAPOLIS MD.	British West Z	an country)	12. CITIZEN OF WHAT COUNTRY?
13. F	Robert Davis W	lite	14. MOTHER'S MAIDEN NAM	TAYlor	
15. V (Y e.s.)	/as Deceased Ever in U. S. Armed Forces? no ar unknown) (If yes, give war or dates of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT  Montely	elle S. Ho.	ADDRESS
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH  (This does not meon the mode of dyinheort foilure, ostherio, etc. It meons the cinjury or camplication which caused death	g, e.g., DUE TO GENETA		prostate with	INTERVAL BETWEEN ONSET AND DEATH
z	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) statis and the condition lost.	(B) DUE TO giving ng the (C)			
ERTIFICATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., ir home, form, factory, street, of etc.)	n of obout 21 C. WHERE DID INJURY OCCUR?		City, give exact locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) (Ho DF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) atta that (I) (we) last saw the deceased all and haur and fram the causes stated a	ve an	12/1965 and the		ian death occurred an the date
	23C. PHYSICIAM'S NAME Type	- Marins - Phy	miding Med. Since the Director 22D. ADDRESS	Stoff Phys.	238. DATE SIGNED 4-12-65
I	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  DATE REC'D BY HEALTH DEPT. 25B.	ALLOS. M.D.  24C. NAME OF CEMETERY OF CRE  NAME OF REGISTRAR	MATORY 24D. LO 25C. ELINERAL DIRECTOR	OCATION. (City	y, to vn, or county) (Staye)
	APR 1 4 1965 P. 255.	4 6 5 0 0	William	Reesett	Suna Mo

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DIRECTOR:

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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

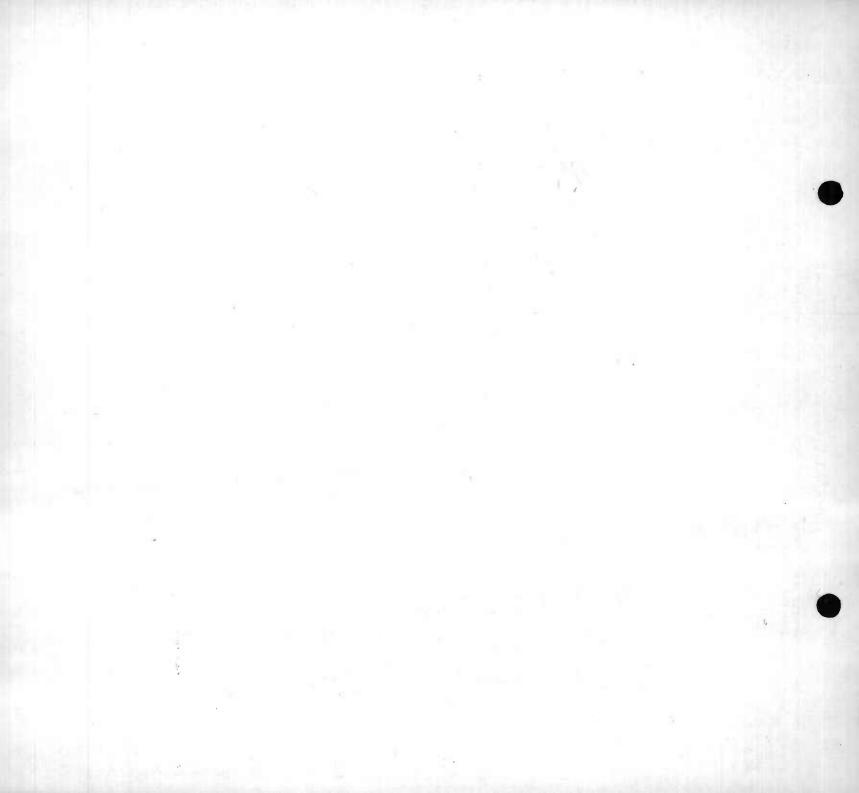
If Under 24 Hrs. Hours Min.

Hours

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

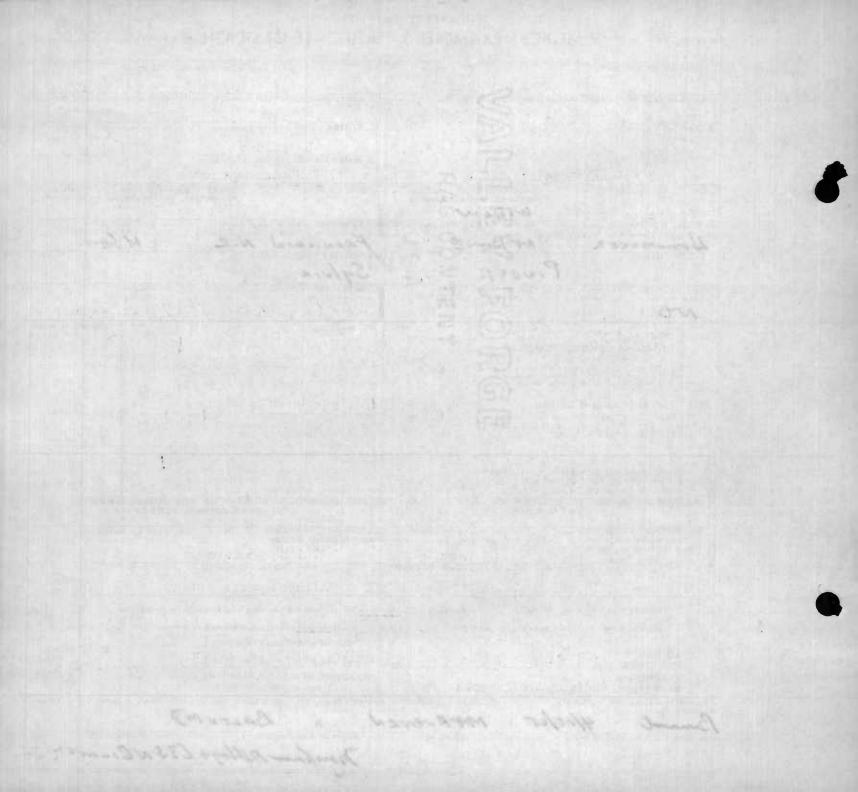


BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 65 3969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 3969

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-	-	6	- 49
	V	- 1	

	E CASE NO.	MILDI	ICAL LA	AMIII TER 5 C	LICITION	CAIL OI L	LA III kogisti	
-	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD
(Ту	pe or Print)		MMA REYN	TOT DC				
3. 1	PLACE IN BALT	IMORE MARYLAND, W			4. USUAL A. STATE	RESIDENCE (Where	B. COL	6:20 a n titution: residence before admission JNTY
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	C. CITY O	Maryland		e RURAL and give township)
"						Baltimor	e	6-03
						ADDRESS (If rurol,		
		ovident Hosp	ital		1	707 Harlem	Avenue	
5. 5	SEX	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE O	BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min
100		colored	WIDE WIND OF	BUSINESS OR INDUSTR	VII BIRTHRI	ACE (State or famine	81	12. CITIZEN OF
don	e dyring most of v	varking life, even if retired)	A A A	BOSINESS OK HADOSIK	-1			WHAT COUNTRY?
	FATHER'S NAN		A.d. Vr	~E	PRA	NICEIN I	v.e	450
13.	LWINEK 3 IAWIA	P	NDET	7	Sul	LIA NAME		
15.	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORM			ADDRESS
(Ye	s, no or unknown	(II yes, give wor or date	s of service)	SECURITY NO.	wm	PEUMO!	Ds 1827	WALBROOR A
-	1B.	C I V	11/38/3	C AU SE	OF DEAT		/ / / / / /	INTERVAL BETWEEN
	- DIST.	T OF CONDITION D	o Parally					ONSET AND DEAT
	DISEAS	LEADING TO DEATH		Milti	ple sta	ab wounds	of back	
	heart failure,	ot mean the made of asthenia, etc. It means application which caused	the discose,	DUE TO	P.10			
		NTECENDENT CAUSE						
		OR CONDITIONS, IF A		(B)DUE TO		••••		
	RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE	001.0				
Z				(C)				
ERTIFICATION		il	Walter Wa				-1-17-1	
0		VIFICANT CONDITIONS DEATH BUT NOT REL						
쁜	DISEASE OF	CONDITION CAUSING	IT.	100000000000000000000000000000000000000		***************************************		
CER	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		TOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
1	21 A. EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or about 2	CIC. WHERE DID	f in Baltimare City, gi	ve exact location)
EDIC	UTING CAU	SE OF DEATH.	etc.)	Home	onice biog., i	1707 Harle		
Σ	21 D TIME	(Month) (Day) (Year	) (Hour) 2	11. INJURY OCCURRED	2	1F. HOW DID INJU		
	OF INJURY (APPROX.)				WHILE	Allogodly	stabbad	
	22,	4 10 65	- m. V	ORK AT W	WHILE X	Allegedly	scapped	
		ify that I held on I	nquiry	Inspection Au	topsy	ond that on this	s basis, deoth in m	my opinion
	resul	ted from: Natural co	uses A	ccident - Suicid	ie 🗌 H	omicide X U	ndetermined mann	er 🗌
		1/11	V	$\supset$ ()	CHI	EF MEDICAL EX	AMINER -	DATE SIGNED
	SIGNAT		115/10	11 11 110	ASSISTA	NT MEDICAL EX	AMINER T	DATE SIGNED
	EYAMIN	EDIS /	6-1-CC			TE MEDICAL EX		4-10-65
	NAME (	rype) Rudiger	Breitene	ecker /				
	BURIAL CREA			C. NAME OF CEMETERY	1			, town, or county) (State)
1	Bund	4/15/6	5	MARNEUR:	N	BA	(mora	
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. F	UNERAL DIRECTOR		ADDRESS
1	APR 14	1965 R. Cab	E. Farl	KUMAL O D	ma	in four B	Hoyn 63.	FNBILMET S
VS	151-REV. 1/1/	65	1	J - W	Ų	* * *		



LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

VS 151-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

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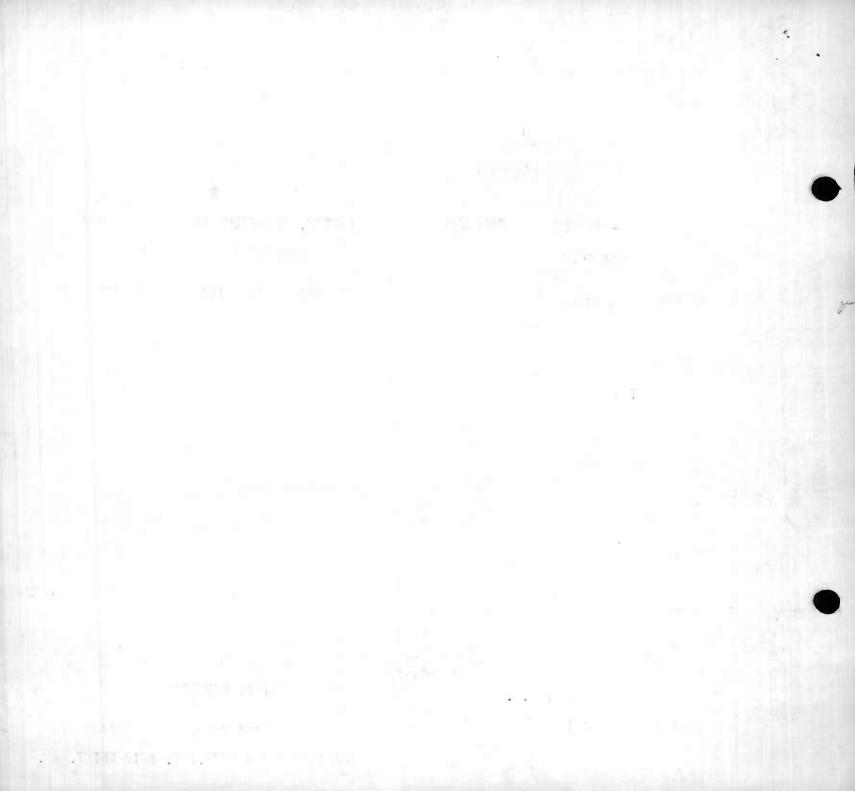
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MA TFILLOR

Sid I sy was a college weekle

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

05 0050	BALTIMORE CIT	Y HEALTH DEPARTMENT	01	5 20123
ыяти но. 65 3973	CERTIFICA	ATE OF DEATH	Registered No. 6	) 3310
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	nell olol	2. DATE AND	HOUR OF DEATH	1 3 35 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR address or lacotion) INSTITUTION	utian, give street	Mal. Bal	deceased lived. If instit	tutian: residence before odmissian)
2 Sinai Hosp	ital	D. STREET ADDRESS, (II TO		ewy. apt. 1433
MALE WhITE WIS	RRIED, NEVER MARRIED OWED, DIVORCED (specify)  MARRIED  ND OF BUSINESS OR INDUSTR	3/30/11	54	If Under 24 Hrs.  Nanths Days Hours Min.
	CATERING	EASTON, PENNS	LVANIA	WHAT COUNTRY?
MAX GOLD		ROSE BUC	_	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) Uf yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	MISS HELEN GOLD	) 116 W UNI	ADDRESS VERSITY PKWY
LEADING TO DEATH  (This does nat mean the made of dying, heart failure, asthenia, etc. It means the dis injury at complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last.	(B)	ssive Pulmono	2 ry CM BOIISM	1 ( KDU )
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	FOR WHICH OPERATION,  THE PLACE OF INJURY (c.g.,	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
21 D. TIME (Manth) (Day) (Year) (Hour) F INJURY (APPROX.)	21 E. INJURY OCCURRED While At		RY OCCUR?	1/16 11
22. I certify that (I) (this hospital) attention that (I) (we) lost saw the deceased alive	11115	19 65 and that		on death accurred on the date
ond hapr and fram the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	LIGO M.D. AT	tending Med. S ys. Director P	otoff 23 Pilys. I HOSPITAL	SR. DATE SIGNED
Donald Rice, M.D.  24A. BURIAL CREMATION, 24B. DATE BURIAL (Specify) 4/14/65	M.D.  4C. NAME OF CEMETERY OF CE  HAR SINAI	REMATORY 24D. LO	CATION (City,	town, or county) (State) MARYLAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		6010 REIST. RD.
VS 150-REV, 1/1/65	CONCEDIMENT OF	110 7 0 0		



VS 150-REV. 1/1/65

of death Deceased

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JOHNS HOPKINS HOSPITAL FUNERAL DIRECTOR: IMPORTANT

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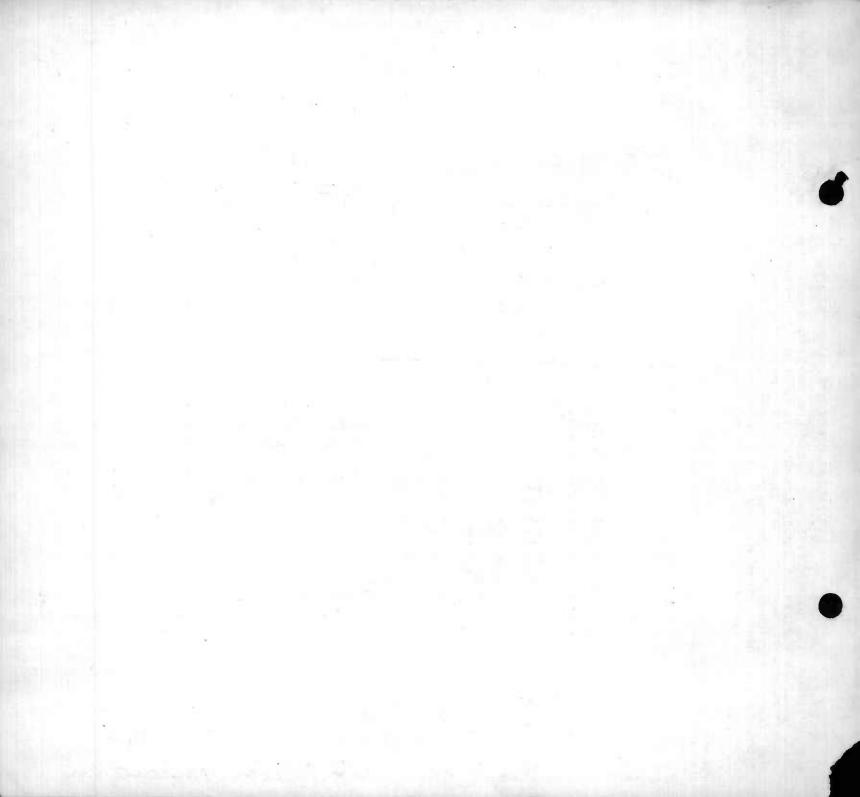
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		0	5 3	D+7E	BALTIMORE CIT	Y HEALTH	DEPARTMENT		
	H NO.	0	0 0	375	CERTIFIC	ATE OF	DEATH	Registered Na.	15 3975
, N.	AME OF DECE	HAT	TIE	GRA	H (HArri	ett)	2. DATE AN	SIGJ DEATH	355
FH	ULL NAME OF IOSPITAL OR	F (If not	in hospitol a		give street	A. USUAL A. STATE	mary kind	A Bay	nstitution; residence before od
0	NSTITUTION /	lua	Ihm	et		6	ADDRESS (IF	urol, give location)	1 17-07
i. S	EX C	6. RACE	7	. MARRIED, WIDOWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE O	F BIRTH	O. AGE (In years ost birthday)	If Under 1 YV , If Under Months; Days Hours
63	USUAL OCCU	IPATION (Give	kind of work		BUSINESS OR INDUST	YO HA	- 188g	an country)	112 CITYEN OF
	during most of w	working lile, eve	on il retired)	J. MILO OF	-55.11255 OK 11150311		TRYCAN		12. CITIZEN OF WHAT COUNTRY?
3. 1	FATHER'S NAM	SEWIF	2				ERS MAIDEN NAM		W.5.
J. 1	DILLER 2 HAM	2				III. MOIH	7		
5. V	was Deceosed ,no or unknown)	Ever in U. S. (If yes, give	Armed Force wor or dotes	of service)	SECURITY NO.	17. INFORM			ADDRESS
	NO 18. 2 0	0 1/.	1		CAUSE	OF DEATH	GARD John	150W 2	og but Holl
ATION	DISEASES O rise to the UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR C	G CONDITIO	DITIONS CO	ONTRIBUTING	(C)		Heart I	Orchesis	
RTIFIC	0		WAS PERFO	TION FOR	WHICH OPERATION	20A. At	JTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
_	21A. ACCIDEN OR CONTRIBUTED THE CONTRIBUTED TH	TING CAU	SE OF	21 B. horr etc.	PLACE OF INJURY (e.g. ne, form, foctory, street,	in or obout 2 office bldg., II	1C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)
NE NE	21 D. TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		INJURY OCCURRED  ile At	ile 🗂	TF. HOW DID INJ	JRY OCCUR?	
	22. 1 certify	that The (thi	s hospital)	attended t	he deceased fram	4/8 00	ly d. M. 1	965 10 4	19
	that (H) (we)	last saw th	e deceased	alive an	4/8	19	65 and the	it in (mx) (our) ap	Inian death accurred an
				d abave N	(Wa) (did) (ded ==4)	view the h	1 6 1 1		
- 1	and haur and		ouses state	d abave. (	W (4.6) (010) (019-110T)	VIOW INC DI	ody atter death.		
	23A. SIGNATUR	RE X	or O	Pn	M.D. A	ttending		Stoff Phys.	238. DATE SIGNED 4/8/65
		RE X	or O	en rdon	M.D. A	ttending 23D. ADDRI	Med. Director	Stoff X Phys. X	4/8/65
	23A. SIGNATUR	RE  NS  NS  NATION, 124E	(or Q	en rdon	M.D. A	ttending Days.	Med. Director D	HOSPITA	4/8/65
	23A. SIGNATUR 23C. PHYSICIAN NAME (Ty BURIAL CREA REMOVAL (S) 3LIMEL	RE  NS  NS  NATION, 124E	(or Q XO 2 DATE	10 N 10 N 24C.N	M.D. A	thending pys.  23D. ADDRI	Med. Director D	HOSPITA	4/8/65



23C. NAME OF CEMETERY OF CREMATORY

24B. NAME OF REGISTRAR

23D. LOCATION

24C. EUNERAL DIRECTOR

(City, town, or county)

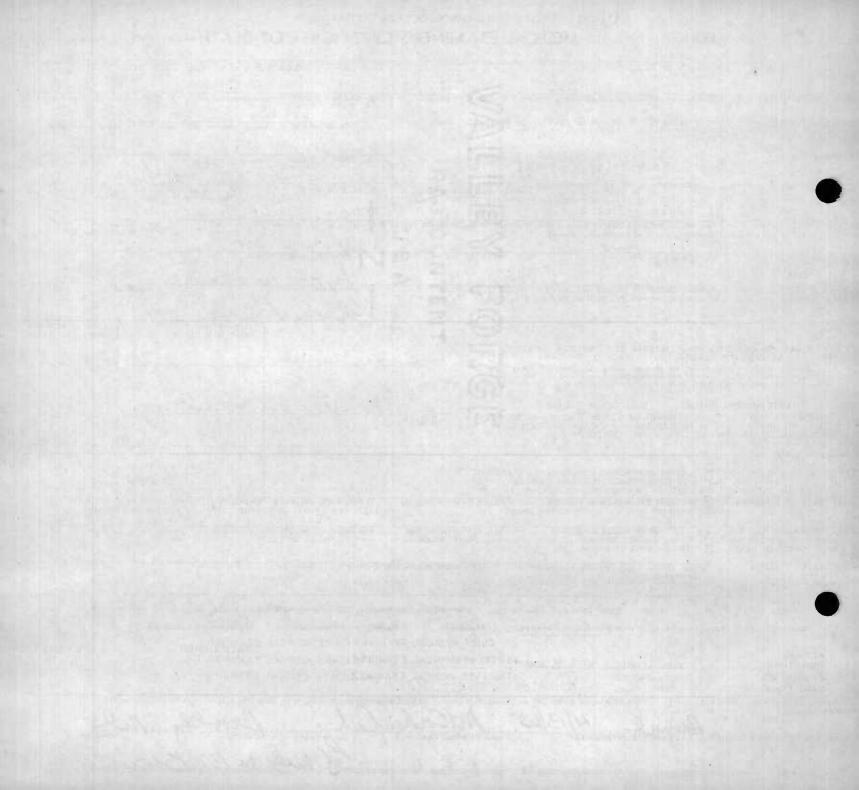
ADDRESS

23A, BURIAL CREMATION.

24A, DATE REC'D BY HEALTH DEPT.

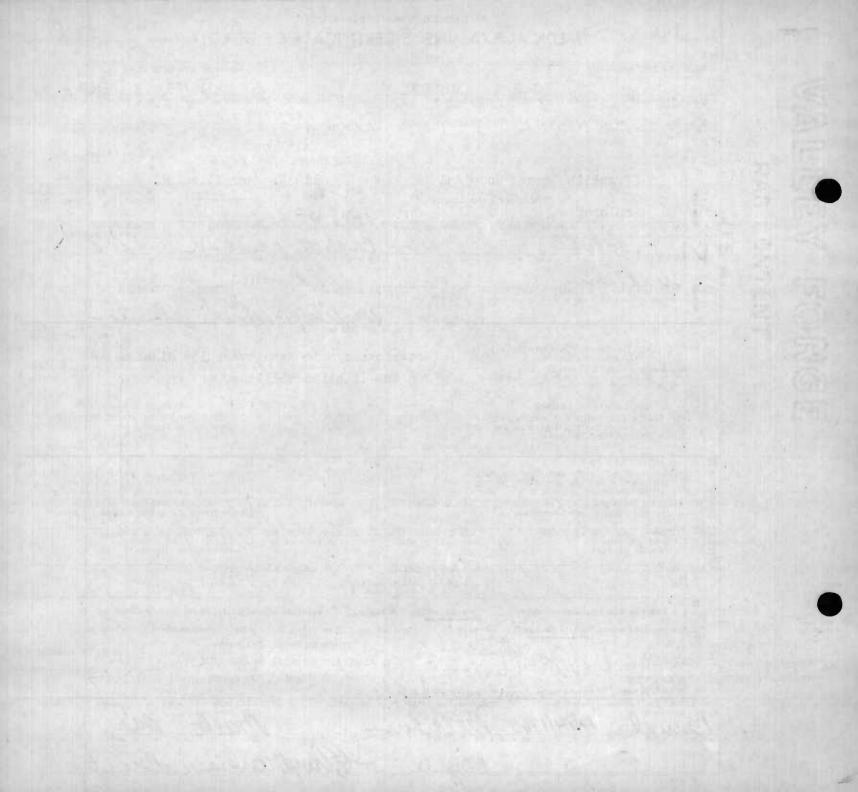
REMOVAL (Specify)

VS 151-REV. 1/1/65



VS 150-REV. 1/1/65

BIRT	Con H	3318 M	EDICAL	EXAMINER'S	CERTIFI	CATE OF I	DEATH Registe	red No.	
M.E	CASE NO.								
1. N	AME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
	e or Print)		JOSEP				4/10/65	12:10	
3. P	LACE IN BAL	TIMORE MARYLANI	D, WHERE PRO	NOUNCED DEAD	4. USUA A. STATI	L RESIDENCE (Where	deceased lived. If inst	itution: residence befo	ore admission)
					A. 31A.	Maryland			
HO	L NAME OF	ADDRESS OR I	LOCATION)	STITUTION, GIVE STREET	C. CITY	OR TOWN (If outside	e corporate limits, write	RURAL and give to	wnship)
INS	TITUTION				M 2000	Baltimore	1)	( m /	
1								100	
10					D. STREE	T ADDRESS (If rurol,	give locotion)		
		Franklin	Square	Hospi tal		110 N. Ca	arrollton St		
5. S	EX	6. RACE	7. MARR	IED, NEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If I	
ma	le	colored	WIDOW	ED, DIVORCED(specify)	an	215=	List birthday)	Months, Days, H	aurs , Min.
			f work 10B. KINI	OF BUSINESS OR INDUS	TRY 11. BIRTH	PLACE (State or foreig		12. CITIZEN OF	
		working life, gen if ret			01	1 11 - 1 0	1	WHAT COUNT	TRY?
	A Comment	Jalva	-		Chau	lotte nec	whend	MA	7-
₹3. ₽	ATHER'S NA	ME			14. MOTH	ER'S MAIDEN NAMI			
	110	Promer			/	· · · Paris			
15.	WAS DECEAS	ED EVER IN U.S. AF	RMED FORCES	16. SOCIAL	17. INFOR	MANT		ADDRESS	
		(If yes, give wor a			2			0	
					men	may min	1	2000	
	18/ 9	3115	I M W	CAU	SE OF DEA	TH /		INTERVA	L BETWEEN
	4-060	21 + 126	2 4 4						AND DEATH
	DISEA	SE OR CONDITION		Anton	iosolo	mtia aandi	vascular di	2022	
	/TI: 1	LEADING TO DI		(A)	TOSCIE	OCTC CATGIC	Mascarat (1	.sease	
	heart failure	not meon the mod e, asthenia, etc. It n	neans the disea	ise. XXXXX	nd diah	etes mellit	LIIS		
	infury or co	implication which car	used deoth.)						
		ANTECENDENT CA	Allees						
		OR CONDITIONS,		(B)		***************************************			
	RISE TO TH	E ABOVE CAUSE	A) STATING T	NG DUE TO				AS 101 - AV	
	UNDERLYI	NG CONDITION L	AST.						
CERTIFICATION				(C)					
Ĕ		11						1000	
0		DEATH BUT NO							
III.		R CONDITION CAL		O IHE					
7	19A. DATE O	F OPERATION 198,	CONDITION F	OR WHICH OPERATION	20A, A	UTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERE	D
ü	1	WAS	PERFORMED				IN CERTIFYING CAU		
AL	OLA EXTERNA	AL CAUSE WAS	- P	DIA DI A CE OE INITIDY /-		10	Of the Bulletin City of		
0	UNDERLYING	OR CONTRIB-		21B. PLACE OF INJURY (e.g	g., in or about , office bldg.,	INJURY OCCUR?	ar in politimore City, gi	ve exact locotion)	
EDIC,	UTING LCAL	JSE OF DEATH.		etc.)					
	21D TIME	(Month) IDay)	(Year) (Haur)	21E, INJURY OCCURRE	D	21F. HOW DID INJU	IRY OCCUR?		
	OF INJURY	(1700)	(100)						
	(APPROX.)			m. WHILE AT NO	WORK				
	22.					1.1			
		rtify that I beld ar			Autapsy		s bosis, death in n		
	resu	Ited from: Natara	l causes X	Accident Sulc	ide 📗 I	Hamicide 🗌 🔠	Indetermined monne	er _	
		V -);	1 1	9 //	СН	IEF MEDICAL EX	AMINER		
	ACTUA	LICA	Sint				_	DATE	SIGNED
	SIGNAT		160	1172 M	.D. ASSIST	ANT MEDICAL EX	AMINER		
	EXAMI	NER'S		)	ASSOCI.	ATE MEDICAL EX	KAMINER	4/10/65	
	NAME		Lger Bre	itenecker . M.D					
	. BURIAL CRI		TÉ	23C NAME OF CEMETER	Y or CREMAT	ORY 23 D. L	OCATION (City,	town, or oqunty)	(State)
REA	AOVAL (Speci	(1) (1)	1.110.10	- n.416 1		1	2.18	men	
-	chura	0 4/1	7/1965	114 asku	V.		Jales	me.	
1	DATE REC'D	BY HEALTH DEPT.	24B. N.A	ME OF REGISTRAR	24C.	FUNERAL DIRECTOR	0	ADDRESS	14 11 12
Vanit 1	ADD 4	400° A	- 4 -	29 20 00	1	2/1 1/2	( /)	n	1 13
	APK 14	1955 (12.0.	- Pry- 0	to. 16. 19 0 0	1	JUDOYALUO	USa-1/17/11	mante	40
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· Letter from B.C. H. M. H.

IMPORTANT

FUNERAL DIRECTOR:

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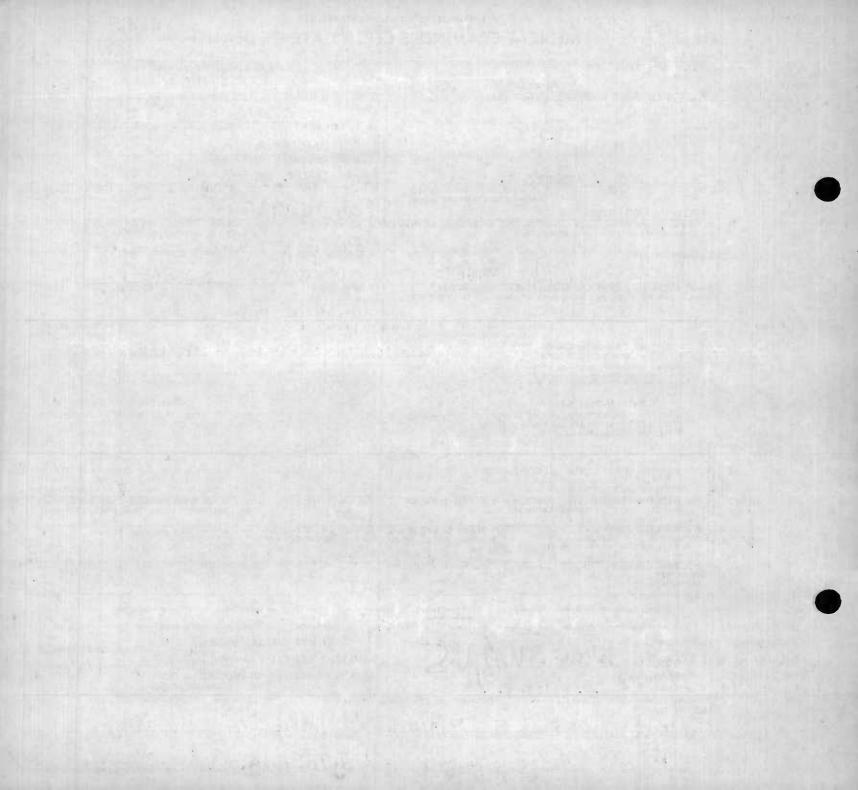
64	-91192	0.1	BALTIMORE CI	TY HEALTH DEPARTMENT	N	or was
BIRTH NO. M.E. CASE NO.	65 39	)81	CERTIFIC	ATE OF DEATH	Registered No	. 65 3361
1. NAME OF DEC (Type or Print)	SPRINKEL,	DONNA	LEIGH		AND HOUR OF DEATH	
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased fived. If	institution: residence before admission)
FULL NAME O	F (If not in hospital address or location		give street	MARYLAND	A	me Aruale
INSTITUTION	ST. AGNES H	OSPITA	L	GLEN BURNI		ROKAL UNI GIVE IOWISHIP
0	WILKENS &			D. STREET ADDRESS	(If rural, give location)	
	BALTO. 29.	MD.		5-4TH AVEN	IUE, S.W.	
FEMALE	6. RACE WHITE	NEVER	D. DIVORCED (SOCIETY)	8. DATE OF BIRTH	9. AGE ((n years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
OA, USUAL OCCU	JPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
NONE		NONE		MARYLAND		U.S.A.
3. FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN N	AME	
DAVI	D SPRINKEL			DIANA SAPPI	NGTON	
. Was Deceased	Ever in U. S. Anned For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	, , , , , , , , , , , , , , , , , , ,	0. 3011100)	SECURIT NO.	ST.AGNES HO	SPITAL, WIL	KENS & CATON AVE
1B. 73	6,21		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIE LEADING TO DEATH	RECTLY	1-	7.p. Ot.		
	al mean the made of	dying, e.g.,	(A) JO	Tiliary atre		## # # # # # # # # # # # # # # # # # #
heart failure,	aslhenia, etc. It means	the disease,				
	ANTECEDENT CAUSES		(B) Co	agenital Win	rerec of ba	UB Codols
	R CONDITIONS, if		DUE TO	4		AA ROMONINA (# 000/A + 0 0' 0' 0' 0' 0' 0 0 0 0' 0' 0' 0' 0' 0
rise to the	abave cause (A)		(C)	Filiary Cerr	horie	
UNDERLYING	CONDITION last.					
TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	3			
	OPERATION 198 CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or YES	No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF		e, farm, factory, street,	office bldg., INJURY OCCUR?	(If in Baltimo	are City, give exact location)
21 D. TIME	(Month) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY			le At Not W			
22 1	.1 (1) (.1. 1 1	Wor		MARCH 16	19 65 to AF	R11 9 65
	that (1) (this hospital	) offended fi	ADDII O	Z.E		19 00,
thot (I) (we)	lost saw the deceose	d olive on		19 05 ond	that In (my) (our) of	olnion death occurred on the date
		red obove, (I	) (We) (did) (did not)	view the body ofter death	1.	
23A. SIGNATU	RE O A			N		23 B. DATE SIGNED
ye	ace I' In	myas		trending Med.  Director	Staff Phy s.	
23 C. PHYSICIA	N'S (pe)	0		23D. ADDRESS		
G	race T. H	4440	O	ST.AGNES HO	SPITAL, WI	LKENS & CATON AV
AA. BURIAL CREA	MATION, 248, DATE	1 24C.N	ME of CEMETERY or C	REMATORY 24D.	LOCATION	City, town, or county) (Stote)
Burin		165 G	len Haven	Mem. Fark	Jen Bu	mie, Mo-
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C		25C FUNERAL DIRECT	OR /	ADDRESS (1)
APR 14	1995 R. C. B	E. Jan	KUMB O O	1 13/ De 9n	gleton	blen 13 urnie M.
S 150-REV. 1/1/6	5	1				

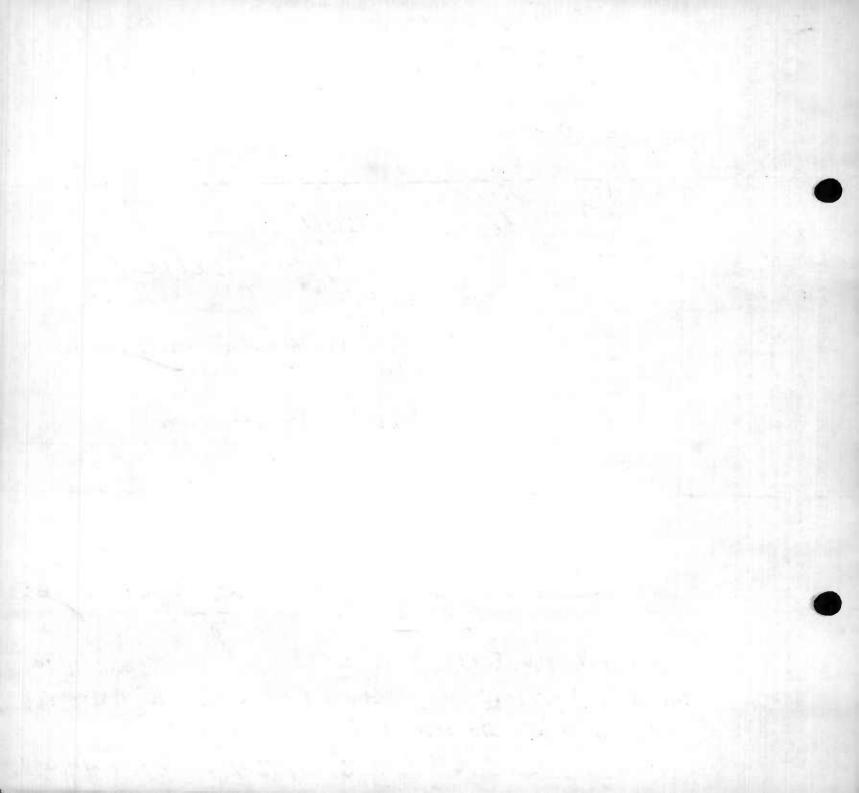
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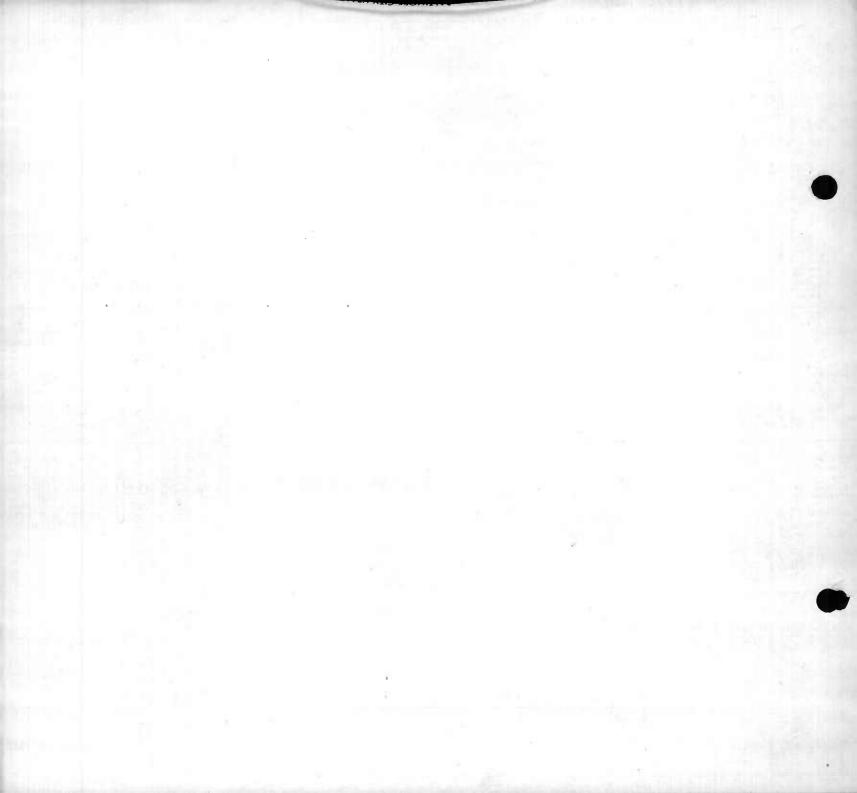
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BIRTH NO. MEDICAL EXAMINER'S CERT	TIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
FREDERICK JONES	4/9/65 11:50 a. M.
FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION GIVE STREET	STATE Maryland  STATE  Maryland
HOSPITAL OR ADDRESS OR LOCATION)	CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. 9	Baltimore STREET ADDRESS (If rurol, give locotion)
1/19 W. Hamburg St.	149 W. Hamburg St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 8. D. Married Midowed, DIVORCED(specify) 6. RACE WIDOWED, DIVORCED(specify) 7. MARRIED WIDOWED, DIVORCED(specify) 8. D. Married Midowed Mi	9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	SIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  13. FATHER'S NAME  14. N	PACTO ICL
Jan James	MORRIA TOMES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. IN	NFORMANT ADDRESS
(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.	ARROLL JONES
18. 4 CAUSE OF	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	lerotic cardiovascular disease
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  (C)	
	A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UTING CAUSE OF DEATH.	obout 21C, WHERE DID (If in Boltimore City, give exact location) bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection Autopsy	ond that on this bosis, death in my opinion
resulted fram: Notural couses X Accident Suicide	Homicide Undetermined manner
ACTUAL MERGE 14-6	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S ASS	SOCIATE MEDICAL EXAMINER 4/9/65
NAME (Type) J. U. Spitz, M.D.  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY of CRE	AAATORY 122D LOCATION (C:
BURIAL 4-13-65 MOUNT A	UBURN BALTO, MC.
APR 1 4 1985 A C A STANDARD OF REGISTRAR	I. I BROWN + SON 123 W. MONTGONERY
VS 151-REV. 1/1/65	J. C. S. C.

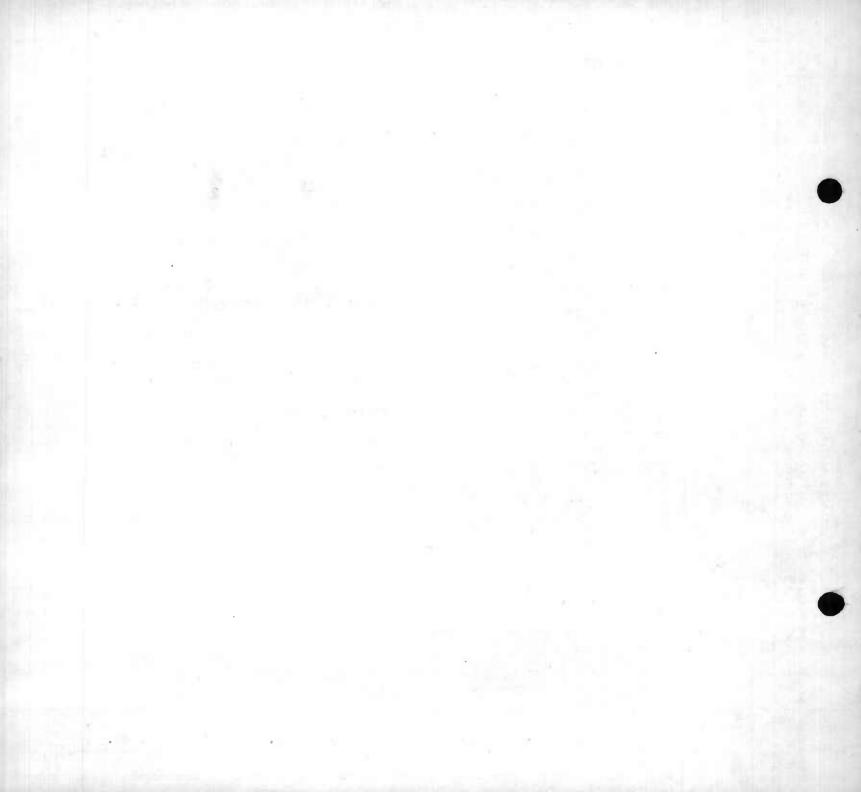




	Virginia	BACTIMORE CITY	HEALTH DEPARTMENT	1	05 0001
	TH NO.  E CASE NO.  65 3984	CERTIFICA	TE OF DEATH	Registered Na	65 3984
1.1	NAME OF DECEASED			HOUR OF DEATH	
(Ty	pe or Print) ALBERT LE	EE WHITE	TE 4/1	3/65	3 07 A. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	- 114		deceased lived. If inst	titution: residence before admission)
- 1			A. STATE B. COUNT	•	1 - 13
- 11	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	VIRGINIA		V-1-
	INSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write RL	JRAL ond give township)
3.K-			NORFOLK		
	THE JOHNS HOPKINS	HOSPITAL	- / 0	rol, give location)	0
o L			3658 SEL	JELLS PI	DINT KD.
9 5.		RIED, NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
E		OWED, DIVORCED (specify)	111164	ost birthdoy)	Action 11 Polys
	A. USUAL OCCUPATION (Give kind of work 10B, KINI	D OF BUSINESS OR INDUSTRY		1 1	12, CITIZEN OF
dor 13.	ne during most of working lile, even if retired)		11 - 1		WHAT COUNTRY?
	NOT WORKING	9-Manua	VIRCINIA		USA
0 13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
S	ALBERT L. WHI	TE	MATE	JACKSON	1
- 1113-	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0.1010201	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.		3658 Se	wells Point Road
(Ye	No		Mr. Albert L. W		
	18. 4 C 2 Y	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		PNEUMONIA		ONSET AND DEATH
0	LEADING TO DEATH	(A) CHA	onic Lune D	LISTEASE.	6 humites
2	(This does not mean the made of dying,				
0	heart foilure, osthenia, etc. It means the dise injury or camplication which coused death.)	ose,	1 1		
9 3	ANTECEDENT CAUSES	(8)	نىڭ دەرىرى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئارىرىيىنى ئ	************************	
	DISEASES OR CONDITIONS, if ony, gi	DUE TO			
remains are	rise to the obove couse (A) stoting	the (c) CH	RONIC LUNE	DISEASE	. 6 worths
SL	UNDERLYING CONDITION Iosi.	· · · · · · · · · · · · · · · · · · ·		NKNOWN	
5	1			10 1000000	
E O	OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
TIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
RTIF	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
0 3	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
Defore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	nice bidg., INJURY OCCUR?		
11 -					
Dta:ned MED	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
- <	(APPROX.)	While At Work Not While At Work	e		
	22. I certify that (I) (this hespital) attend	ed the deceased from	4/17 19	6510	41 13 19 65.
0		ei l			
9	that (1) (we) last saw the deceased alive			/ in (my) (our) apini	ion death accurred an the date
S	and haur and fram the causes stated abov	e. (1) (We) (did) (did not) v	lew the bady after death.		
2	23A. SIGNATURE	0			23B, DATE SIGNED
=	# 1: 6	Ferz M.D. Atte	ending Med. S	hy s.	4/13/65
5	23C. PHYSICIAN'S		23D. ADDRESS	1,51,42	1112
2	NAME (Type)	M.D.	Tour 11	1	1-00
asnu ibvorddb	H. L. LEVY		TOHN? IT	OPICINS 1	TOSPITAL
24.	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City	, town, of county) (Stote)
		7	1 1	/ / /	
0	Removal Histor 5	torend In m	lemedless her	11.16	/ "
25	Removal 4/13/65 A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	rock, l	ADDRESS 17
254	Removal 4/13/65 A. DATE REC'D BY HEALTH DEPT. 258, NAI	HOLEST Fawn	25C. FUNERAL DIRECTOR	John, L	Bully: 17
	Removal 4/13/65  A. DATE REC'D BY HEALTH DEPT. 258, NAV APR 1 4 1965 Robert E. 150-REV. 1/1/65	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ash, L	Builty ADDRESS of 17 north & Pa, was



	BALTIMORE CITY	HEALTH DEPARTMENT	X	65 3985
HRTH NO. 65 3985	CERTIFICA	TE OF DEATH	Registered Na	00 0000
NAME OF DECEASED		2 DATE AN	ID HOUR OF DEATH	Aftern.
Type or Print)		4	. 1	10 10
VIRGINIA Nellie CAR	RUTHERS	4 USUAL RESIDENCE (Whe	13 196 J	stitution; residence before admission
		A. STATE B. COUN	TY	striction resignated belove barrasion
FULL NAME OF (If not in hospital or ins	titution, give street	MD. AN	NE ARUN	UDAL
HOSPITAL OR oddress or location)			tside city limits, write R	URAL ond give township)
MARYLAND GENERAL	HOS DITAL.	GLEN	BURNIE	32-00
LIAKATYND OF WELLY	HOSPITA	D. STREET ADDRESS (If	rurol, give focotion)	
		7 FOREST	St.	21061
SEX 6. RACE 7. N	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	11 Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.
FIN	IDOWED, DIVORCED (specily)	0/12/12	lost birthd vi	Months Doys Hours Min.
A, USUAL OCCUPATION (Give kind of work 10B.	Never Manuel	11 PIRTUPLACE (State of fore	5 2	12. CITIZEN OF
one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or fore	ign country	WHAT COUNTRY?
FINSPECTON J. )	1. WHITE HURST CO.	VA.		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
None		=	(COBB,	
WOBERT (ARRU	LTHERS			
Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7 Fors	t Street
1/.		Miss Dorothy He		urnie, Maryland
11B.	CAUSE O		JA 001 01011 1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTI			a loop of	ONSET AND DEATH
LEADING TO DEATH	PER	110N1718 G	en erciuz	TED .
(This does not mean the mode of dyin	q. e.q., DUE TO		700000000000000000000000000000000000000	
hearl failure, asthenia, etc. It means the	disease,	Canal - 1 al	C DETUNG	M
injury ar camplication which caused deat	PEIC	101411000	100,	7
ANTECEDENT CAUSES	(B)		2 0 4 1	
DISEASES OR CONDITIONS, if any,	giving	FORATION OF	L PANOR	<i>3</i> 35
rise to the obove couse (A) state UNDERLYING CONDITION lost.	ng the (C)			IO 000 000 000 000 000 000 000 000 000 0
Z OZUST AUGUSTOLUT GOVERNOUS GOVE	NICH TIME			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	N FOR WHICH ORFRATION	20A. AUTOPSY? (Yes or No	1 200 15 455 1455 5	This was considered
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION		IN CERTIFYING CAL	INDINGS CONSIDERED
		Yer	4	CS
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo/e	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Ho	un 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not While			
(APPROX)	Work At Work			
22. I certify that (1) (this haspital) att	ended the deceased from	17	19 65 to 41	19 6)
that (1) (we) last saw the deceased al	ive on 4 (13	19 6 5 and th	at In (my) (que) only	nian death accurred an the dat
			di iligii (doi) opii	nun decin accorred un file du
and hour and fram the causes stoted a	bave.(I) (We) (did) (did not) v	lew the bady after death.		
23A, SIGNATURE			/	23 B. DATE SIGNED
2 during (1 )	elsen M.D. Atte	ending Med. Director	Stolf Phys.	4113/60
23C. PHYSICIAN'S		23D. ADDRESS		111
NAME (Type)	M.D.			
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, town, or county) (Stote)
Burial 4/17/1965	Mandaymidaa Manan	tol Pank Court	Houand Com	+- Md
7/-1/-/	Meadowridge Memor	25C. FUNERAL DIRECTOR	Howard Coun	ADDRESS
	2 4 E O 5	0 A . A	· · · Bar	the raises.
APR 1 4 1965 (2) 0 1618	1. O CH. W. CH.	Wm & June	x sons no	thera. aves.
S 150-REV. 1/1/65	,			



	0000	BALTIMORE CITY	HEALTH DEPARTMENT		65 3988
	гн но. 65 3986	CERTIFICA	TE OF DEATH	Registered No	00 0000
1. N (Ty;	E CASE NO.  IAME OF DECEASED  OF ON THE STATE OF	Einmon	2. DATE A	NO HOUR OF DEATH	940
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAN	10 President	4. USUAL RESIDENCE (Who	he deceased lived. If insti	tution: residence before admission)
h,	FUZ-WAME OF (If not in hospital arins)	itution gue about	A. STATE B. COUL	1300	_ •
	HOSPITAL OR oddress or legition	miles	C. CITY OR TOWN (If ou	itside city limits, write RU	RAL and give toynship)
1	The design of the second	10000	4618	apark 16	de Ballina
	Balls		D. STREET ADDRESS (If	rund, give location)	27-11
5. 5		ARRIED, NEVER MARRIED  IDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min,
	. USU'AL OCCUPATION (Give kind of work 108, K		11. PIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
dop	during most of working fife oven if retired		Pro 07		WHAT COUNTRY?
13.	FATHERS NAME	1	14. MOTHERS MAIDEN NA	ME	4 2 8 1
	Variable //	7	Mad.	10.00	1
15.	Was Decased Everin U. S. Armed Farces?	A 6. SOCIAL	17. INFORMANT	fance	ADDRESS
(Yes	s,na ar piknawn) (If yes, give war ar dates of s	SECURITY NO.	0		1
	YES WWII	214-03-6042	CATHERINE	F. SKIPPE	
	18. 3 92XI	CAUSE OI	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	n. n.	rugal t	-um T	
	(This does not meon the mode of dying		4		
	heart failure, asthenia, etc. It means the d injury or complication which caused death		at 1 t	in balons	10
	ANTECEDENT CAUSES	(B) DUE TO	secrotyle.	program ra	
	DISEASES OR CONDITIONS, if ony,	giving	A sand	Paren An	
	rise to the above couse (A) statis UNDERLYING CONDITION last,	ig the (C)	orne ge	encence	•
	11		0		
NO	OTHER SIGNIFICANT CONDITIONS CONTR		he.	Jan Ana	0
CAT	DISEASE OR CONDITION CAUSING IT.	evouv	u / Noin	o y va a	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	ES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21. WHERE DID	Win Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (withful medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	fice bldg. DAJURY OCCUR?		
DIC	21D. TIME (Manth) (Day) (Year) (Har	at 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
ME	OF INJURY (APPROX)	While At Not While			
		Wark At Work	4/1	-15 U1	7 1000
	22. I certify that (1) (this hospital) atte	4/	,	.19 .65 to	19
	that (N) (we) lost sow the deceased oli		19 4.) ond th	hat in (my) (our) opini	on deoth occurred on the dote
	and haur and from the couses stoted at	pove. (We) (did) (did not) v	iew the bady ofter deoth.		and and and
	24A. SIGNATURE	M.D. Atte	nding Med.		3B. DATE SIGNED
(	V6 Duna		s. Director	Stoff Phys.	4/13/65
	NAME (Type)	1000	23D. ADDRESS	000 0	6. 1. 1001
	WE SCHWA	RIZ M.D.		OSP. BI	auta. Md.
24A	REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. 1	LOCATION (City.	lown, or county) (Stote)
	Burial 4/16/1965		onal Cem. B	altimore,	Md.
25A	DATE AEC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	H.W. Jenkins	& Sons Co.	4905 York Rd.
	The state of the s	8 5 0 n	3996	Balt	imore 12. Md.
VS	150-REV. 1/1/65				

in silasla person O F H ( Surted) Protter percept Steppe War and they I'm ellighted to indefend A route flowers El in Brown Sophin and a distribution Co February is sience after

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

11:40

If Under 24 His.

Hours

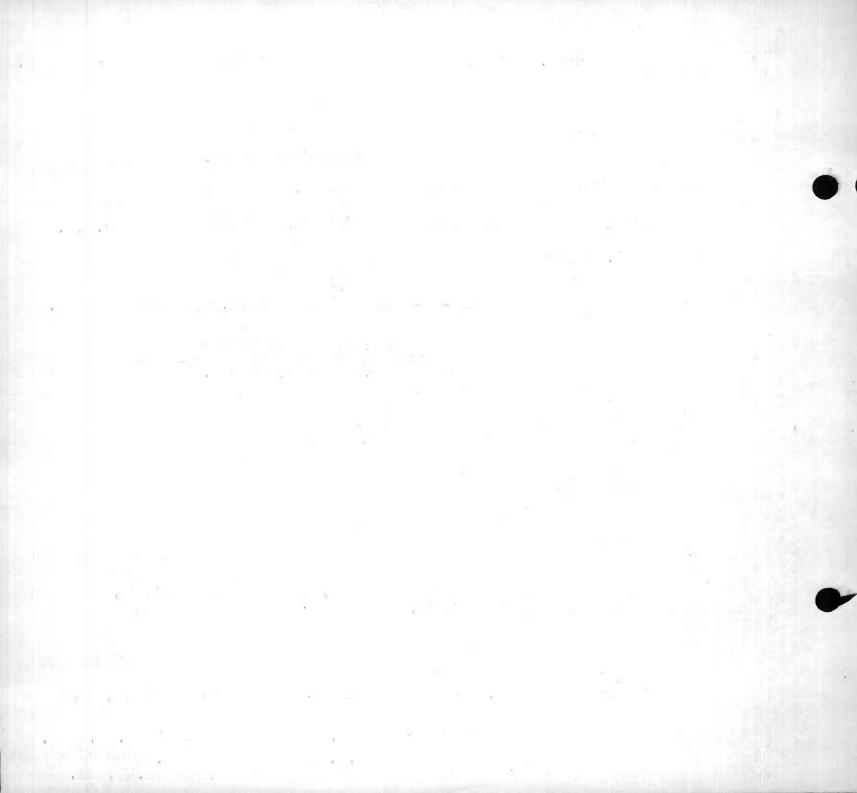
U.S.A.

ADDRESS

ONSET AND DEATH

19 65

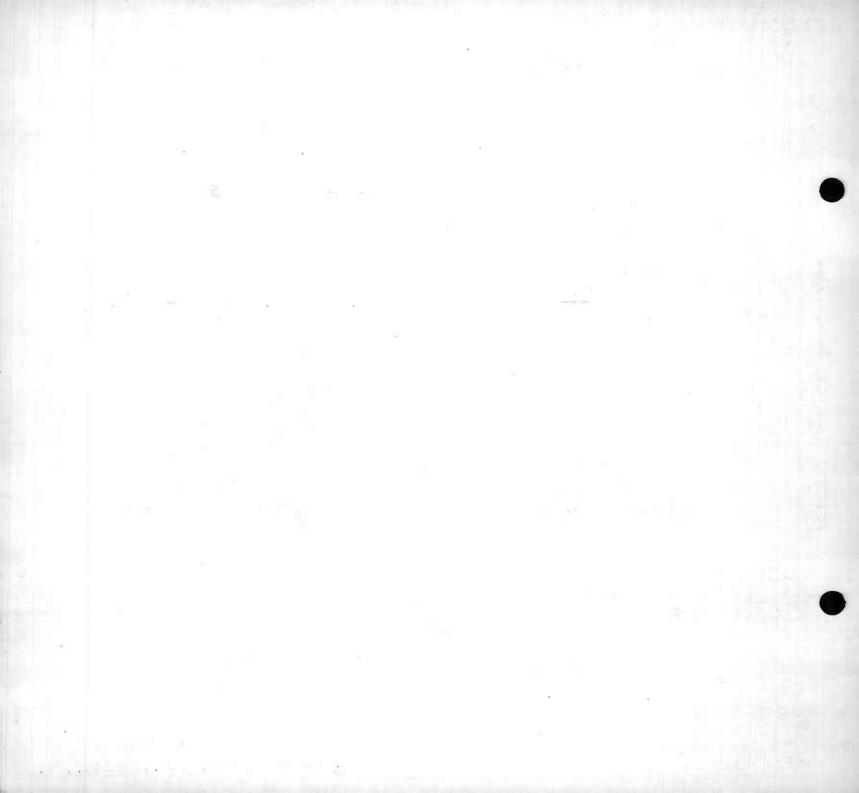
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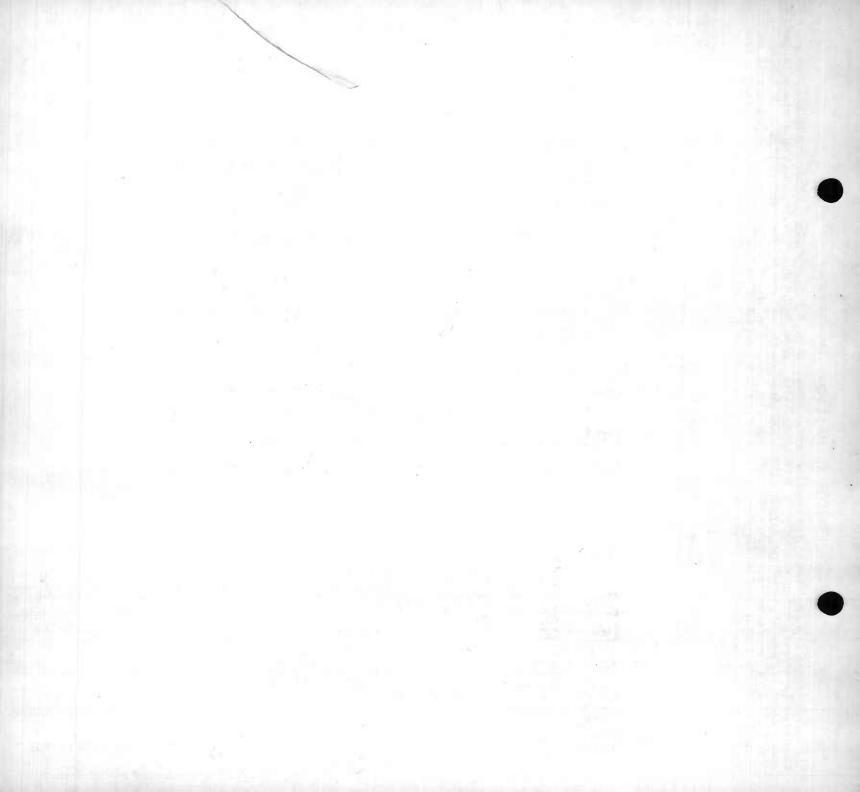
IMPORTANT

DIRECTOR:

FUNERAL

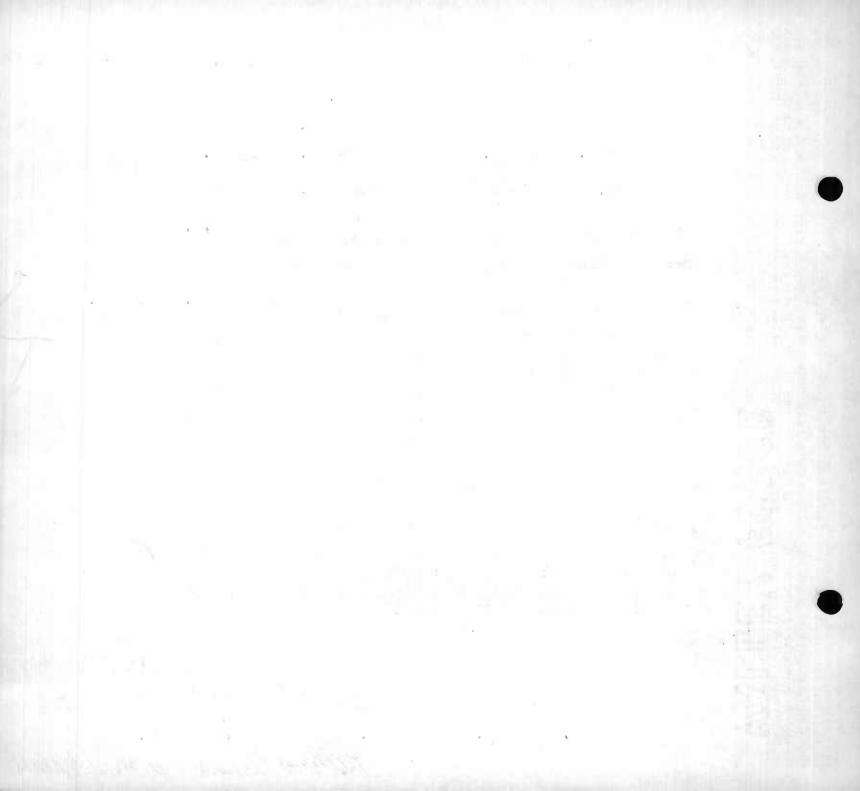


VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

1. NAME OF DE (Type or Print)		Chalmer	s Simpson			10.1965		012
3. PLACE OF D	EATH IN BALTIMORE, MA		p prubeou	14. USUAL RESIDEN	NCE (Where	deceosed lived. If	institution; rosid	dence belo
FULL NAME	OF Uf not in hospital	or institution, give	strant	A. STATE	B. COUNT			
HOSPITAL OR			511001	C. CITY OR TOWN	(If outsi	do city limits, write	e RURAL ond g	ivo townsl
0				Balto.				18
240 N. Amity St.			240 N.					
5. SEX	6. RACE	7. MARRIED, NE	VER MARRIED	8. DATE OF BIRTH		AGE (In years	If Under 1	٧, اا
Female	Col.	WIDOWED, E	DIVORCED (specify)	July 10,	lo	st birthdoy)	Months Do	oys Hou
	CUPATION (Give kind of wor f working life, even if retired)		SINESS OR INDUSTR			n country)	12. CITIZEN	COUNTE
House						S.C.	WIIA	COUNT
13. FATHER'S NA				14. MOTHERS MA	IDEN NAM			
Pres	Rice			Ida	9			
15, Wos Deceose	d Ever in U. S. Armed Fo	rces? 16	SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS
no	7 - 7 - 7 - 7 - 7 - 0 - 0 - 0 - 0 - 0 -		JECOMIII NO.	Dennis S	Simps	on 5 N.	Bruce S	St.
18. 11	20 /1		CAUSE	OF DEATH			INT	TERVAL B
heart failure injury ar ca  DISEASES rise ta 1	LEADING TO DEATH nal moon the mode af , asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A)	s the disease, d death.)	502 10	ocardi			iease (	1 m
DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OI  OTHER SIGN TO THE DISEASE OI  OTHER SIGN TO THE	nal moon the mode of asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) AG CONDITION lost.  Il NIFICANT CONDITIONS (CONDITIONS (CONDITIONS (CONDITIONS (CONDITION CAUSING))	s the disease, d death.)  ony, giving staling the  CONTRIBUTING ATED TO THE	(C)					
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DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OF T	nal moon the mode of a sthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION lost.	s the disease, I death.)  ony, giving stating the  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHI FORMED  21 B. Pt. homo, etc.)	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c	20 A. AUTOPSY? (in or obout 21 C. WHE office bldg., INJURY O	(Yes or No)  RE DID CCUR?	208. IF YES, WER	RE FINDINGS CO	ONSIDERE ATH?
DISEASES rise la l UNDERLYIN  OTHER SIGN TO THE DISEASE O  19 A. DATE C  OR CONTRIL DEATH (not)	nal moon the mode of a sthenia, asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he abave cause (A) and CONDITION Iost.  II NIFICANT CONDITIONS (CAUSING CONDITION CAUSING OF OPERATION 19B. CONWAS PER ENT WAS UNDERLYING CAUSE OF (y medicol exominer)	s the disease, I death.)  ony, giving stating the  CONTRIBUTING ATED TO THE IT.  NOTION FOR WHI FORMED  21 B. Pt. homo, etc.)	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c	20 A. AUTOPSY? (in or obout 21 C. WHE office bidg., INJURY O	(Yes or No)  RE DID CCUR?	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO	ONSIDERE ATH?
DISEASES rise la l UNDERLYIN  OTHER SIGITO THE DISEASE O' 19 A. DATE C  OR CONTRIL DEATH (not)  21 D. TIME OF INJURY (APPROX.)	nal moon the mode of a sthenia, asthenia, etc. It means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he abave cause (A) and CONDITION Iost.  II NIFICANT CONDITIONS (CAUSING CONDITION CAUSING OF OPERATION 19B. CONWAS PER ENT WAS UNDERLYING CAUSE OF (y medicol exominer)	ony, giving stating the CONTRIBUTING ATED TO THE IT.  NDITION FOR WHILE HOME (Hour) 21E, IN While Work	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c.)  IJURY OCCURRED  At Not Whith All Work	20 A. AUTOPSY? (in or obout 21 C. WHE office bidg., INJURY O	(Yes or No)  RE DID CCUR?	20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CO CAUSES OF DE,	ONSIDERE ATH?
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DISEASES rise to 1 UNDERLYIN  OTHER SIGNOTO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we	nal moon the mode of asthenia, asthenia, etc. Il means implication which caused ANTECEDENT CAUSES  OR CONDITIONS, if he abave cause (A) as GONDITION Iost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving staling the CONTRIBUTING ATED TO THE IT.  POINTON FOR WHITEFORMED  21 B. Pt. homo, etc.,  (Hour) 21 E. IN While Work  I) attended the ed allve an	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street of the street	20 A. AUTOPSY?	(Yes or No)  RE DID CCUR?  / DID INJU	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CO. AUSES OF DE.	ONSIDERI ATH?
DISEASES rise to 1 UNDERLYIN  OTHER SIGNOTO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH (not)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we	nal moon the mode of asthenia, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) as CONDITION lost.  I NIFICANT CONDITIONS (DEATH BUT NOT RELATED NOT RELATED NOT CAUSING OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION (MAS PER MAS UNDERLYING CAUSE OF Masser of CAUSE	ony, giving staling the CONTRIBUTING ATED TO THE IT.  POINTON FOR WHITEFORMED  21 B. Pt. homo, etc.,  (Hour) 21 E. IN While Work  I) attended the ed allve an	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c.g., form, foctory, foctory, street, c.g., form, foctory, street, c.g., form, foctory, street, c.g.,	20A. AUTOPSY? (in or obout 21C. WHE office bidg., INJURY O	RE DID INJU  On the property of the property o	20B. IF YES, WER IN CERTIFYING C	E FINDINGS CO. AUSES OF DE.	ONSIDERI ATH?
DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OI  19A.DATE O  21A.ACCID OR CONTRIL DEATH (non OF INJURY (APPROX.)  22. I certif that (1) (we and hour a  23A. SIGNAT	nal moon the mode of asthenia, asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) is G CONDITION lost.  II STECANT CONDITIONS (IF AND	ony, giving staling the CONTRIBUTING ATED TO THE IT.  POINTON FOR WHITEFORMED  21 B. Pt. homo, etc.,  (Hour) 21 E. IN While Work  I) attended the ed allve an	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c.g., form, foctory, foctory, street, c.g., form, foctory, street, c.g., form, foctory, street, c.g.,	20 A. AUTOPSY? in or obout 21 C. WHE office bldg., INJURY 0 21 F. HOW 21 F. HOW view the body after tending Med Directors.	RE DID INJU  On the property of the property o	20B. IF YES, WER IN CERTIFYING C	DE FINDINGS CO CAUSES OF DE, note City, give a	ONSIDERE ATH?
DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE OF CONTRIL DEATH (not OF INJURY (APPROX.)  22. I certif that (1) (we and hour a	nal moon the mode of asthenia, asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) is G CONDITION lost.  II STECANT CONDITIONS (IF AND	ony, giving staling the CONTRIBUTING ATED TO THE IT.  POINTON FOR WHITEFORMED  21 B. Pt. homo, etc.,  (Hour) 21 E. IN While Work  I) attended the ed allve an	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street of the control of the c	20A. AUTOPSY? (in or obout 21C. WHE office bidg., INJURY O	RE DID INJU  On the property of the property o	20B. IF YES, WER IN CERTIFYING C	DE FINDINGS CO CAUSES OF DE, note City, give a	ONSIDERE ATH?
NOUTHER SIGN TO THE DISEASE OF THE DEATH (not of NJURY (APPROX.)  21. I certificate that (1) (we and hour a 23A. SIGNAT 23C. PHYSICI NAME)	nal moon the mode of asthenia, asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) is CONDITION tost.  INTECANT CONDITIONS (INTELLATION OF A CONDITION CAUSING OF OPERATION OF OPERATION OF OPERATION OF CAUSING OF OPERATION O	ony, giving staling the CONTRIBUTING ATED TO THE IT.  NOTION FOR WHITEFORMED  (Hour) 21E, IN While Work  I) attended the ed allve an ited abave. (I) (I)	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street, c.g., form)  At Not Whith At Work deceased from Manual	20A. AUTOPSY? (in or obout 21C. WHE office bldg., INJURY Office bldg., I	RE DID CCUR?  DID INJU  and that or death.	20B. IF YES, WER IN CERTIFYING CO. (If in Boltim RY OCCUR?	pinian death	ONSIDERIATH?  exoct loco  accurred
DISEASES rise to 1 UNDERLYIN  OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE OF INJURY (APPROX.)  21 L certifithat (1) (we and hour a 23A. SIGNAT 23C. PHYSICI NAME?	nal moon the mode of asthenia, asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if he abave cause (A) as G CONDITION Iost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving staling the CONTRIBUTING ATED TO THE IT.  NOTION FOR WHITE HOME CONTRIBUTING ATED TO THE IT.  ADDITION FOR WHITE HOME CONTRIBUTION	ICH OPERATION  ACE OF INJURY (e.g., form, foctory, street of the control of the c	20 A. AUTOPSY? in or obout 21 C. WHE fifice bldg., INJURY 0 21 F. HOW 21 F. HOW when the body after tending Med Diroc 22 D. ADDRESS	RE DID INJU  On the property of the property o	20B. IF YES, WER IN CERTIFYING C	DE FINDINGS CO CAUSES OF DE, note City, give a	ONSIDERE ATH?  exoct loco  accurred



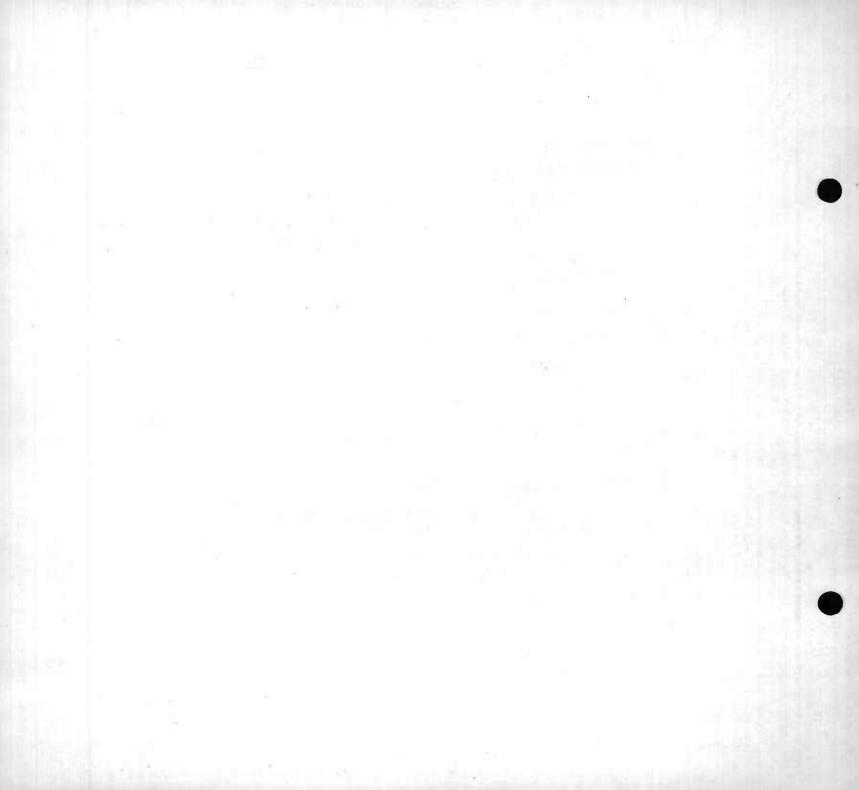
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2	+ b 6 4 +	M.E	L CASE NO.
2	death eased n the Such	1. N	AME OF DECEASED
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-	od cause; (5) Dec r attendance o prior to death.	3. F	PLACE OF DEATH IN B.
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±	e i e	dan	during most al working life
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Z	中午日中	15.	Was Deceased Ever in U
A D	9 5 5 5	(Yes	Was Deceased Ever in U s,na grunknown) (If yes,
T sis	TAPOR		A/0
IMPORTANT or his assistant	+ >001		18. 1/ /1 /1 /1
ф .s	_ P 0 E 0		DISEASE OR CO
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= 5	A O O DE		(This does not meon
44 L	. 50 - 8		heart failure, osthenia,
2 5	a p d a		injury or complication
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FUNERAL DIRECTOR:	A Cice	CERTIFICATION	19A. DATE OF OPERATE
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<b>→</b> 0	by hy	3	21A, ACCIDENT WAS
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	5 % 4 % Q	S	DEATH (natify medical
•	d's (e	MEDICAL	21 D. TIME (Month)
Pe	0 5 6 0	8	(APPROX.)
>	- 000		TATE ROW
FUNERAL DIRECTOR: IMPORTANT approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.		22. I certify that TH
	0 0		that (1) (we) lost so
0	+ 4 B E G 9		1
p	ed nt pit sit		and hour and from th
÷s.	de de		23A. SIGNATURE
5	5 5 5 0 T	1	45
	9 0 0 0 0	1	23C. PHYSICIAN'S
1	at to		NAME (Type)
.5	NA Jac		SENI
This certificate must be	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	244	BURIAL CREMATION,
0	S: (See Ise	1	Rus All
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is.	a de	25A	DATE REC'D BY HEAL
F	キャメウタ	11	MIN 1

05 000	BALTIMORE CITY	HEALTH DEPARTMENT		65 3991
MRTH NO. 65 3991	CERTIFICA	TE OF DEATH	Registered No	(10 0001
A.E. CASE NO.  NAME OF DECEASED  Type or Print	1. 1. 8	2. DATE AN	NO HOUR OF DEATH	- ~ 39/
PRESTON CE	TARTIE /	4/	act 9 1461	1/4
PLACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE P. COUN	TY / I institu	otion: residence before damissio
FULL NAME OF (If not in hospitat or instinuted address or lacation)	itution, give street	MARC	MANG	Paltimor
INSTITUTION		C. CITY OR TOWN (If	tside city timits, write RUR	AL and give tawnship)
0 - 1/ 0	11 11	D. STREET ADDRESS _ (III	rural, give lacation)_ /	(600 *
. trantlin so	LOCKE HOSPITON	1215 W. FRI	anklin St.	#23
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years It lost birthdoy)	Under 1 Yr. If Under 24 H
Inle C	Fingle	Jeb 14 1905	60	
A USUAL OCCUPATION (Give kind of work 108, K	IND OF SUSINESS OR INDUSTRY	11. BIRTHPLA E (State or fare	ign country)	2. CITIZEN OF WHAT COUNTRY?
Presser		Vi Rain)i A		
FATHERS NAME	1	14. MOTHERS MAIDEN NA	ME /	
ERNEST PREST	ON ?	FlleNA	Nicklos	
Was Deceased Ever in U. S. Armed Forces?	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	9 +	ADDRESS
NO		Estella Ci	MU 2732	fish rd
18. 4 20.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 _	1 / -	1. 1 t	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying	(ATH CU	le nyocardir	Myndy	
heart failure, osthenia, etc. It meons the d	iseose,	. 1 +	8 1	
ANTECEDENT CAUSES	(B) All	ens politice	Maux	
DISEASES OR CONDITIONS, if ony,	DUE TD	1.		
tise to the obove cause (A) statin		aseas		
UNDERLYING CONDITION last,				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A, ACCIDENT WAS UNDERLYING	TO THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON 208 IF YES, WERE FINE	DINGS CONSIDERED
2		YES	NO	
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., is hame, farm, foctory, street, a	ffice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exoct location1
	etc.)			
21D. TIME (Month) (Day) (Year) (Hou	White At Not While	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	Wark At Work			
22. I certify that (this hospital) atte	nded the deceased from	fire 9	1965 to A	m 9 19 61
that (1) (we) lost sow the deceased ali	ve on April 9	19 6 T ond th	nat in (my) tour) apinlo	n death occurred on the d
and hour and from the couses stated ab	U			
23A. SIGNATURE		/	23	B. DATE SIGNED
A YUNG	M.D. Atte	ending Med.	Staff Phys.	April 9/61
23C. PHYSICIAN'S		23D. ADDRESS		11
NAME (Type) DENIGNO M.	OTEXZA M.D.	5506-A	recept 1	2d, BACT. 2120
AA. BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMPTERY OF CR		OCATION GHY.	laugh, or caunty) (State)
BILL 18 ecity) 4/15/65	MIX / MININ	KM TOIM /3	dito YI	h.
SA. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF RECESTRAR	25C. FUNERAL DIRECTO	www.	ADDRESS
APRILOGIA	A GO day	a Villiante	Il home 319	3 Seporedy S
150-REV. 1/1/65	7 4 3 6	140 5/1	The second	7777

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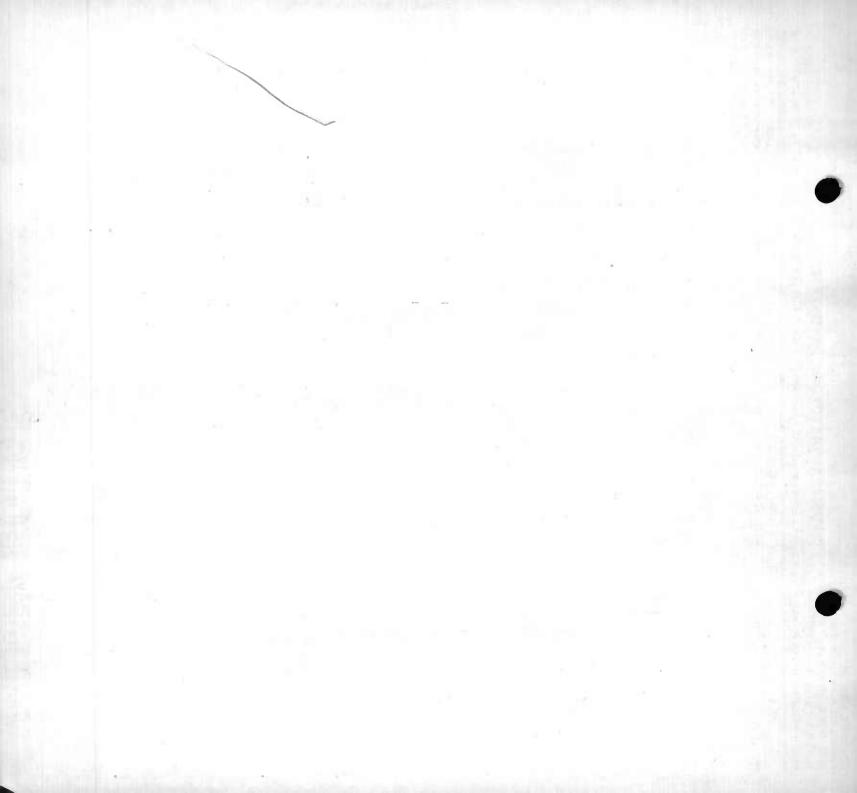
IMPORTANT FUNERAL DIRECTOR: approved BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH lived. It institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) and that in(my) (aur) apinian death accurred on the date 23B. DATE SIGNED (City, town, or county) and

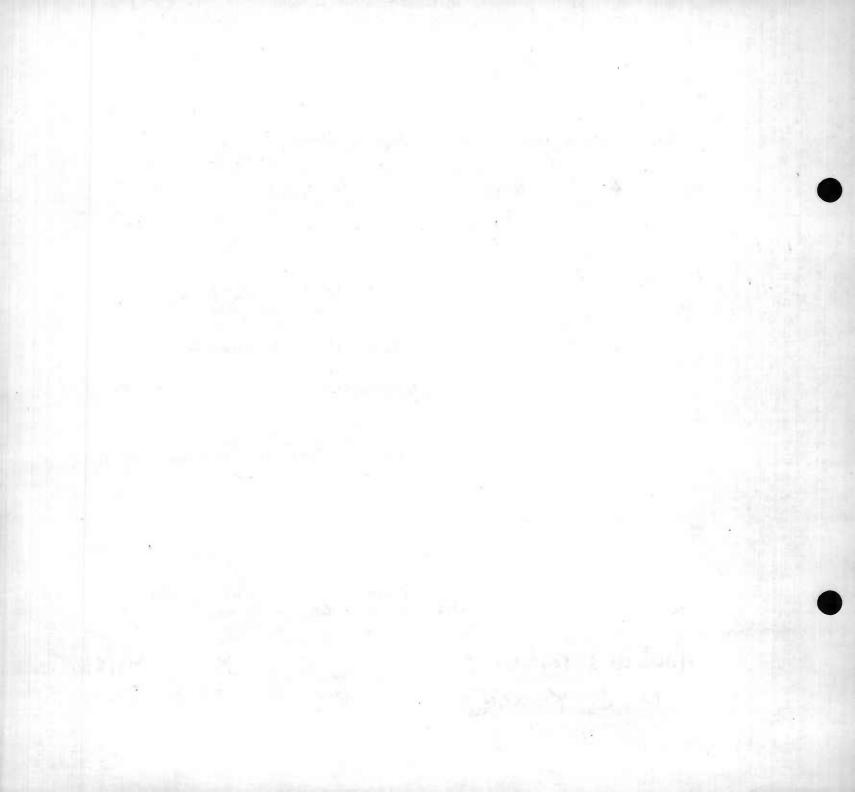


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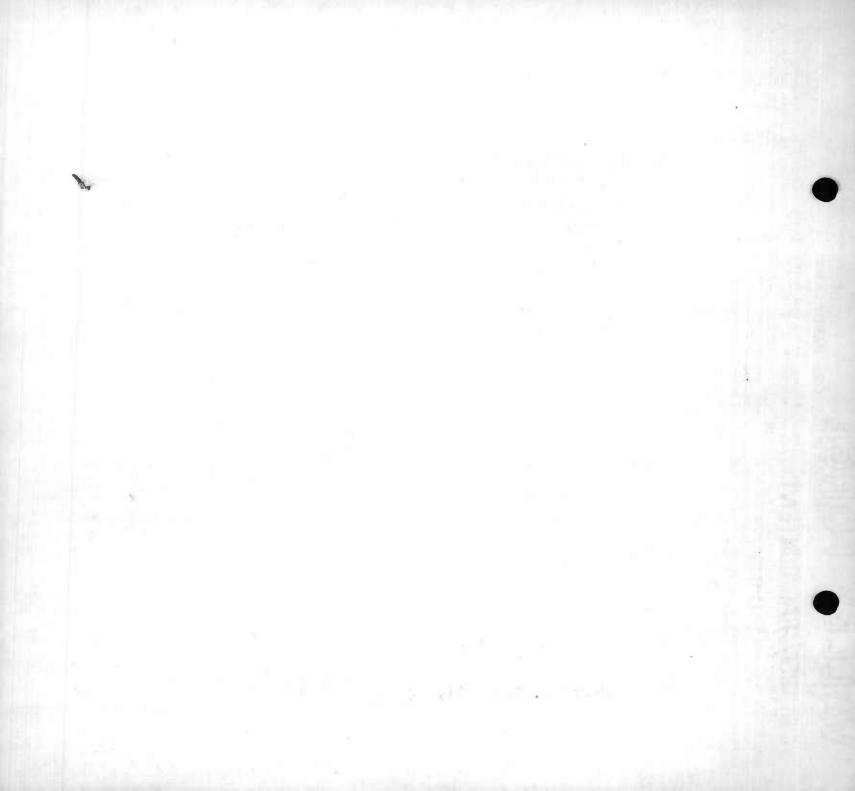
BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE	CITY HEALTH DEPARTMENT	05 0004					
BIRTH NO. 65 39	94 CERTIF	CATE OF DEATH Regi	stered Na. DD 3001					
M.E. CASE NO.  I. NAME OF DECEASED  Type of Print)  JESSE M	0086HEAD	2. DATE AND HOUR	- 1155					
3. PLACE OF DEATH IN BALTIMORE		4. USUAL RESIDENCE (Where deceos	ed lived. If institution: residence before odmission					
FULL NAME OF (If not in hos HOSPITAL OR oddress or le	spital or institution, give street		TIMORE CLTY					
INSTITUTION SINAT HOSE		BALTIMORE	limits, write RURAL and give township)					
		2221 N. Pul	aski Street					
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci MARRIED)	6117181 7	7 Months Doys Hours Min.					
OA, USUAL OCCU AND (Give kind of lone during most of king life, even if rel	of work 108, KIND OF BUSINESS OR IND ired) PRIVATE FAMIL		M155 12. CITIZEN OF WHAT COUNTRY?					
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	2					
5. Was Deceased Ever in U. S. Arme Yes, no or unknown) (If yes, give wor o		17. INFORMANT, MRS, NAOMI,	ADDRESS					
18.	212-12-5.	SE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION		A I O	ONSET AND DEATH					
LEADING TO DE	(A)	Aspiration theumo	nites 24 yrs.					
heart failure, asthenia, etc. It m injury ar camplication which co	neans the disease, nused death,)	Schoxia	> 4-6 MONTH					
DISEASES OR CONDITIONS,	DUE T	0	A LISUNIT					
rise la lhe abave cause UNDERLYING CONDITION las	(A) stating the (C)							
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OF CONDITION CAUS	other significant conditions contributing Arterioscleratic Cardiovascular Disease to the Death but not related to the pulmonary empty some 61 bleeding? cause							
MINA. DATE OF OPERATION 1198.	CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208, IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	NG 218. PLACE OF (NJURY home, form, foctory, stretc.)	(e.g., in or obout 21 C. WHERE DID eet, office bidg., INJURY OCCUR?	(If in Boltimore City, give exact location)					
21D. TIME (Month) (Doy) ( OF INJURY (APPROX.)	While At No	D 21F. HOW DID INJURY OCH	CUR?					
22. I certify that (1) (this hos	pital) attended the deceased fram	47 1965	to 4/12 1965					
that (1) (we) last saw the dec			() (aur) apinion death accurred an the da					
	stated abave. (1) (We) (did) (did-							
23A. SIGNATURE	. 0	Augustine Adad State	238. DATE SIGNED					
Melven J.	cordon m.o	Phys. Director Phys.	4/2/65					
23 C. PHYSICIAN'S NAME (Type)	KORDON	M.D. SINAI HOSPITI	3L OF BALTIMORE					
24A. BURIAL CREMATION, 24B. DAT	E 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION	(City, town, or county) (State)					
Burinu 4/14	465 MOUNT CAL	VARY CEM. ANNE	Arundel Co, Md					
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	TEN 3035 W. North AV					
VS 150-REV. 1/1/65	Cindans O 9 9	Transfer of the state of the st	TOTAL STATE OF THE					



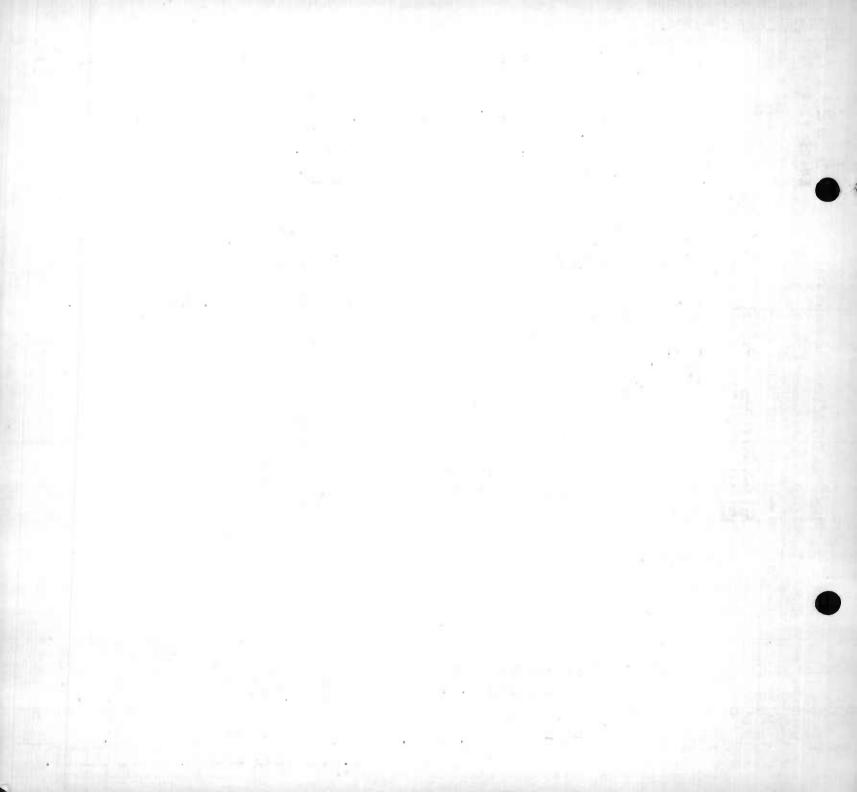
	BALTIMORE CITY	Y HEALTH DEPARTMENT	•	3995
BIRTH NO. 65 3995	CERTIFICA	TE OF DEATH	Registered No.	3000
M.E. CASE NO.  1, NAME OF DECEASED		DATE AND	HOUR OF DEATH	
	TOHN NOAH			:25 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where	deceased lived. If instit	125 AM ution; residence before admission
		A, STATE B, COUNTY	21	_ ^ ^
FULL NAME OF (If not in hospital ar inst HOSPITAL OR address or location)	itutian, give street	C. CITY OR TOWN (If outside	de city limits write RUE	(Al and give township)
INSTITUTION				
X		BALTIMORE D. STREET ADDRESS (IF TUT	al, give location)	- 27
UNIVERSITY HOSPI	TAL.	4505 EASTE	-RN AVE	
UNIVERSITY HOSPI	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.		f Under 1 Yr. (f Under 24 H Aonths Doys Hours Min,
My cuhite w	Will.	VAN 13, 1894	st diffiday)	Nonins Boys Hours Willi,
OA. USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
one during most of working life, even if retired)  FUNNACE HELPER-12	207.000	MARYLAND	1	WHAT COUNTRY?
3. FATHER'S NAME	RETITLED	14. MOTHER'S MAIDEN NAMI		0011
PAUL NOR	1 4	ANNA -	RM D	
				4000000
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war ar dates of s	ervice) 16. SOCIAL SECURITY NO,	17. INFORMANT	1-11-11-1	ADDRESS
No		GEORGE NOAH	1907 CRAI	ETON Ave.
18. 0 = X   X = 2 /	CAUSE C			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH	(A) UR	EMIA, OLIG	URIA	
(This does not mean the mode of dying heart foilure, asthenia, etc. II means the				amon to find
injury or complication which coused death	. 1	1 === 301 11	DETADAL	
ANTECEDENT CAUSES	DUE TO	LATERAL VI	2CT DUATIO	1/
DISEASES OR CONDITIONS, if ony,	giving			
rise to the above couse (A) stolin	ng the (C)	pointing	COON	
OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING (T.	TO THE DIAB	eres MeLi	rus	
U 19A. DATE OF OPERATION 1198, CONDITION	N FOR WHICH OPERATION		208, IF YES, WERE FIN	
WAS PERFORM			IN CERTIFING CAUSE	ES OF DEATH:
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or about 21 C. WHERE DID	((f in Boltimore C	ity, give exact facation)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	OF INJURY (APPROX.) While At Not Whi			
	Work At Wark			
22. I certify that (I) (this hospital) atte		/		11/0 1965
that (1) (we) last saw the deceased ali	ve an Upul 10	19.65 and that	in (my) (our) opinio	in death accurred on the d
and hour and fram the causes stated al	bave. (1) (We) (did) (did not)	view the body after death.		
23A-SIGNATURE	2/11/1		23	B. DATE SIGNED
Edward W. Carry	Milli 11. M.D. At		toff hys.	april 10.96
23C. PHYSICIAN'S		23D. ADDRESS		1
NAME (Type) Edward W. C	ampbell, Jr M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI		CATION	town, ar caunty) (State)
PREMOVAL (Specify)	C. //	1 2	(City,	(State)
PURIA1 9-13-65	PACRED HEART	Concresy DA	ITIMORE	ayd.
25A. DATE REC'D BY HEALTH DEPT. 258,	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	i nous	ADDRESS
APR 14 1950 OLUL	L'E' Barting	1 6 Usbas ws	K12818/	- BAFTIMORES.
/S 150-REV. 1/1/65				



IMPORTANT

FUNERAL DIRECTOR:

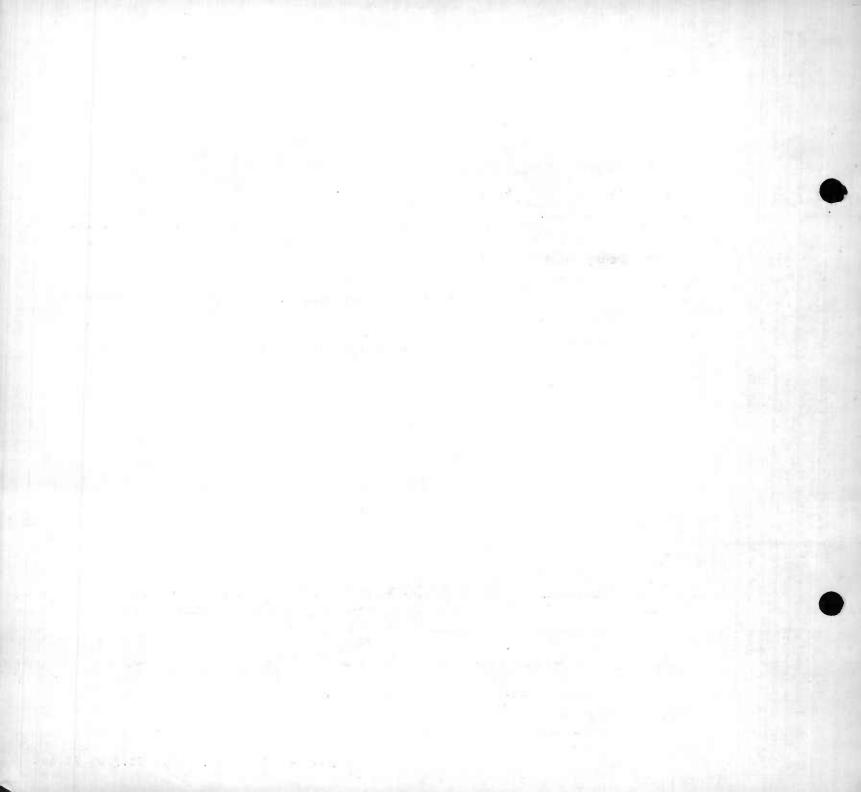
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) KNICELY 4-10-65 CECIL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street BIARYLAND HOSPITAL OR JOHNS HOPKINS C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION HOSPITAL BALTIMORE 601 N. BROADWAY LAKEWOOD AVE D. STREET ADDRESS BALTIMORE 5. MD 7. MARRIED, NEVER MARRIED WIDO SEP (Specify) 5. SEX 6. RACE 9. AGE (In years lost beginning) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working tile, even if retired) CAB DRIVER VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIJAH KNICELY CORA JANE 15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. VADA HARMAN 150 N. LAKEWOOD AVE. WW CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mun LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact tocotion) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hespitel) attended the deceased from 10 19 that (1) (we) last sow the deceased alive on and that in (my) (an) opinion death occurred on the date and hour and from the couses stated above. (1) (Wat Gird ant) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. 23C. PHYSICIAN'S HOPKINS HOSPITAL 23 P. HEDRESOHNS NAME (Type) 601 BROADWAY - BALTO, MD. M.D. 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specily) 55 BALTO NA BURIAL 3-65 BALTIMORE CEMETERY 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR B. DABROWSKI 2818 BALTIMORE ST. E. VS 150-REV. 1/1/65

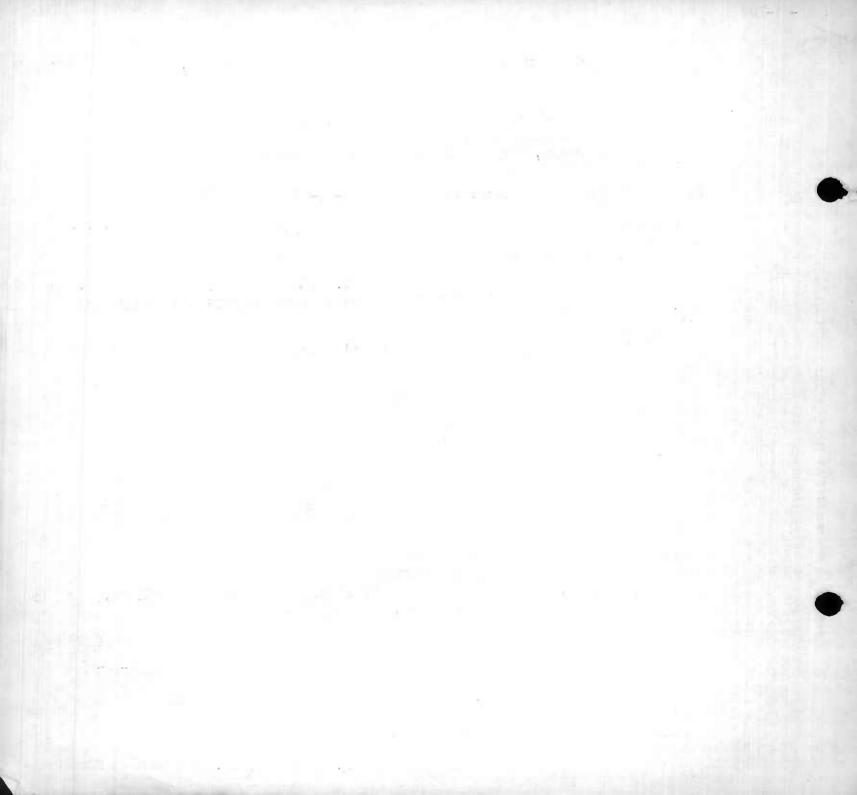


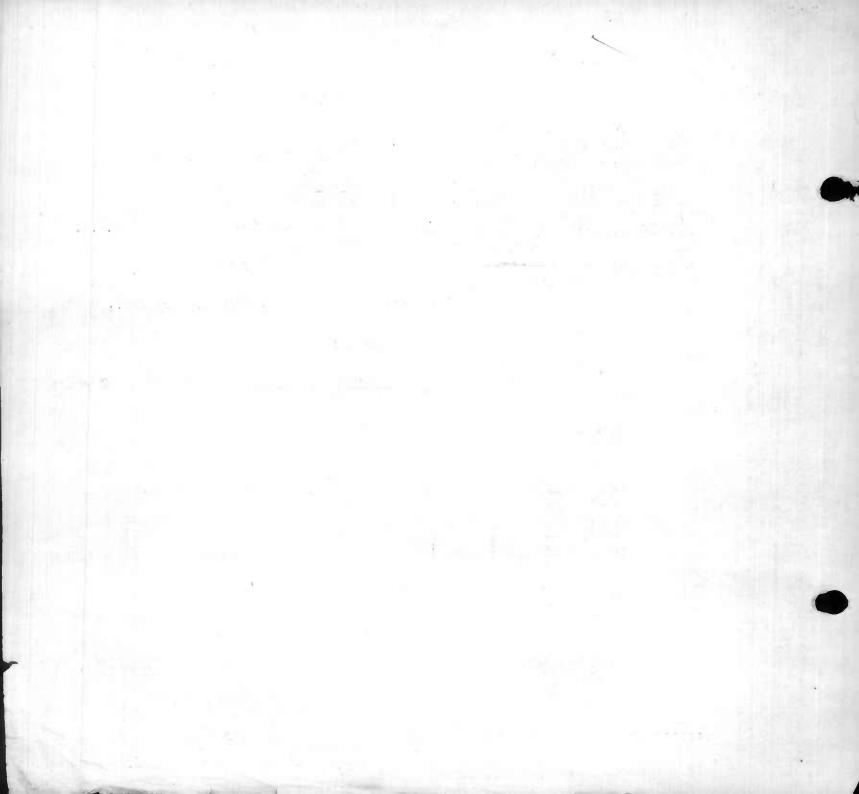
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mary E. Arnold April 10, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN DR TOWN (If outside city limits, write RURAL and Baltimore 21218 3311 Abell Avenue Baltimore, Maryland 21218 D. STREET ADDRESS (If rurol, give location) 3311 Abell Avenue 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 82 Hours WIDOWED, DIVORCED (specify) Sept. 15,1882 female white married 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Packer Good Humor Company Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Henry Ford (unknown) Mary 15. Was Deceased Ever in U. S. Armed Forces! 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) 213-28-9210 Frederic W. Arnold, 3311 Abell Avenue, 21218 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly of complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) A DEATH (notify medical examiner) MEDIC. 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 10 19 6 2 and that in (my) (our opinion death accurred on the date that (1) (was lost saw the deceased alive on. and hour and from the causes stated above. (1) (Wa) (did) (did not) view the body after death. 23A. SIGNATURE Attending L Med. Stoff Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) Herman Brecher 443 East 25th Street, Baltimore 21218, Md 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Maryland BURIAL 4-14-65 Parkwood Cemetery 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Wm. Cook Brooks, Inc., 1217 St. Paul Street VS 150-REV. 1/1/65







- 1	pu	ath	the	uch .	
	This certificate must be approved by the chief medical examiner or his assistant if death Surred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death chows: (1) An accident of any nature. (2) Rody Eurns: (3) A fracture of any bind; (4) Undetermined cause. (5) Decembed	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	OF ACS	00	BALTIMORE CITY	HEALTH DEPARTMENT	,	CE 4000		
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	E. CASE NO.		<u> </u>		2 110112 01 51111			
	pe or Printl/	11		2. DATE AN	D HOUR OF DEATH	11.00		
	INCODERE Y	owell		14	April 19	66 11:00 A		
3. 1	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A. STATE A. B. COUN		titution; residence before admiss		
	FILL NAME OF A COLUMN TO A COL		25. 25.	T/D	Baltimor	,		
	FULL NAME OF (If not in hospital HOSPITAL OR oddless or location		give street		Approx 1			
	INSTITUTION LOUS Hupdin		night	1) 11-		URAL ond give township)		
7	Johns Hogipun	VI WOO	you val	10041	ore	0000		
9					jurol, give location)	0		
				821 BRU	INSWILL	Kn		
. 5	SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. , If Under 24		
	Wall Wate		O, DIVORCED (specily)	8/26/12	lost birthdoy)	Months Doys Hours Min		
σà	USUAL OCCUPATION (Give kind of work		A 45 11 A - 4 - 45	11 BIRTHRIAGE (SIA)	3/	12. CITIZEN OF		
				11. BIRTHPLA CE (Stote or forei	gn country)	WHAT COUNTRY?		
te	e during most of working lile, even if retired) enance Man	MArt	in's	Barbourville, V	a	U.S.A.		
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM		1		
	B - 7	1	00		T			
1	Doctore 1/1	west	ell	Jessie Roh	IT /			
5.	Was Deceased Ever in U. S. Anned for	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Te:	s, no or unknown) (II yes, give wor or date	es of service)	228-09-2408	Preddy Funeral	Home Cordons	sville.Va		
	no		220-03-2400	Treddy Fulleral	Home, Gor dolla	, v 1110, v a		
	18.		CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIE	RECTLY		N	. )	ONSET AND DEATH		
	LEADING TO DEATH			ARCINOMA OF	the ADVIN	V Oct 1964		
	(This does not mean the made of	dying, e.g.,	DUE TO	VI/OI/OUVVIA O	1112/11	7 7		
	heart failure, asthehia, etc. It means	the disease,						
	injury or complication which coused							
	ANTECEDENT CAUSES		DUE TO		***************************************			
	DISEASES OR CONDITIONS, if	ony, giving						
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ATION	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I		t					
S	19A. DATE OF OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED		
ERTIFIC	31 Dec 1961 WAS PERI	CINCILL A	of laryung	Alex	IN CERTIFYING CAU	SES OF DEATH?		
CE	21 A. ACCIDENT WAS UNDERLYING			n or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)		
AL (	OR CONTRIBUTING CAUSE OF	hom	e, larm, loctory, street, o	fice bldg., INJURY OCCUR?	III voliminie			
U	DEATH (notify medical examiner)	etc.)			XIII SA			
203	21D. TIME (Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
Ξ	(APPROX.)			Not While				
	(APPROX.) Work At Work							
	22. I certify that (1) (this haspital	) attended th	he deceased from	Dec 28 1	9 64 to A	RV 14 196		
	that (1) (we) last saw the decease		April 14	1 11	/	Ian death occurred on the		
					and the state of t	ian dealii occurred an ine		
	and haur and from the causes stated above. (1) (We) (did) ( <del>did not</del> ) view the body after death.							
	23A. SIGNATURE				23B. DATE SIGNED			
	Hush & K	M.D. Atte	ending Med. Director	Stoll Phys X	14 ALD NI 10			
	23C. PHYSICIANS	nu		23D. ADDRESS	Phys.	11/10/00/11		
	NAME (Type)	. ==		1/	2 hc 11			
	DR. HUGH BIL	LLER	M.D.	John He	MRAMA MO	RRUNU		
4 A	BURIAL CREMATION, 248. DATE	24C. N.	AME of CEMETERY of CRI	EMATORY 24D. Le	CATION (City	(Sto		
	REMOVAL (Specify) REMOVAL 4-14-6	5 Mar	lewood Comete	rv Rar	bourville,Or			
	REMOVAL 4-14-6	Mai	olewood Cemete	Dar	DOG! ATTE OF	41.80 004,44		
1 C A		-						
( 5 A	A. DATE REC'D BY HEALTH DEPT.	258 NAME C	DEREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
23 A			DF REGISTRAR	25C. FUNERAL DIRECTOR	ks,Inc., 121	7 St.Paul Stree		
			DF REGISTRAR	Wm. Cook -Broo	ks,Inc., 121	7 St.Paul Stree		

